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ORIGINAL ARTICLES.

THE FUTURE OF THE COLORED RACE IN THE UNITED STATES FROM AN ETHNIC AND MEDICAL STANDPOINT.*

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Part II.

To-day the colored race as a race is not a healthy and robust one. Their vitality is in a condition of unstable equilibrium liable from any undue strain to give way. To the physician practicing in their midst this fact is constantly being brought home, and in many striking ways. Before the war consumption was rare among them; to-day it has become very common and the mortuary satistics from our cities show that about two colored to one white die of this disease. The reports from some cities show an even greater mortality. The race has developed a highly scrofulous and tubercular constitution which is manifesting itself in many morbid conditions and tendencies. This is not the place to go into details in this matter and I shall reserve whatever I may have further to say for medical readers. When we remember that about one seventh of all deaths are due to consumption and the tubercular diathesis, and when we remember that of all constitutions it is the consumptive and tubercular which gathers weight by heredity and shows its true force in the generations to come, the significance of these figures becomes very apparent.†

In no way can this physical degeneracy be better brought home to you than by a review and comparison of the mortuary statistics of our

*A lecture delivered before the Georgia Historical Society, June 6, 1887.

† I hope at some future time to show the evidence which the mortuary statistics give of the diseases most prevalent among the colored race as compared with the white. At present I have not been able to obtain sufficient material to enable me to give figures large enough and comprehensive enough to thoroughly represent the truth in this important question. All I can hope to do at present is to indicate briefly and in a general way the morbid tendencies, and the ways they have been brought about, as they have come to me in a general practice among a colored population numbering about nineteen thousand. So far as I can learn, my experience tallies with that of other physicians practicing in the same city. I believe that it fairly represents the experience of physicians practicing in other southern cities. A physician's experience as to the prevalence and intensity of certain diseases in a certain locality among a certain class may have but a local significance, due to the peculiar conditions of the place in which he practices. It is only when his experience tallies with that of physicians practicing elsewhere that it carries much weight in a question nvolving that class or race in its entirety. It is just here that the great value of the collective investigation of disease would be shown, and I would suggest that this question have the benefit of this pregnant method of research. It will be the only way to solve a problem which has so many bearings and is so far-reaching, and enable us to predict to our own satisfaction the future of an element of our population now numbering about seven million souls.

This great mortality among the colored being recognized, we naturally seek to find the avenues by which it is reached, and those conditions of life which lead up to them. To-day the laws of hygiene and public health have been so thoroughly studied, and our knowledge has been so much increased by many brilliant discoveries of quite recent date, that, given certain morbid states and tendencies, we are fairly well prepared to show the conditions of life which have produced them. The ill effects of over crowding, of insufficient and impure air and food, of intemperance and licentiousness, are almost as well known outside the profession as within it, and most fortunately so.

The poor and laboring class in our cities always shows the highest death rate. The reasons of this are obvious. The greater exposure to the elements, poor and insufficient food and housing, the inability to obtain that care and comfort which money can buy, the greater tendency to intemperance and vice that goes with ignorance and poverty, all work towards one goal. And this applies to the colored race in our cities. The great bulk of them are poor and hard worked, the bulk of them are ignorant, and this poverty and ignorance opens the doors to many hardships and evils. There is much that can be said for the poor negro, he works hard and is fairly contented with his lot, more contented than the corresponding class among the whites. He is desirous of improving himself and bettering his condition, and he will stand much from those over him which the white man so situated would not stand. These are virtues which are to be commended, but they do not avail much in this world's struggle where brain and muscle are the motive powers. The negro is in many ways a child living on from day to day, from hand to mouth, with no thought of the morrow, and easily lead by his impulses and desires even if they ultimately land him in the ditch. There is a considerable portion which constitutes a useful, intelligent, and law-abiding part of the population. It is largely of the mixed element and of the lighter color. They show intelligence and industry in their work, and their homes give evidence of thrift and an application of the amenities of life. This class is growing daily as the mixed element increases and the color becomes lighter. It is a most encouraging sign and one which softens many dark shadows in the picture. But as I have said before this element has a poor physique and its better mode of living does not prevent a high rate of mortality. This in a measure proves to my mind that miscegenation in itself results in an unstable product.

Let us examine somewhat in detail the pathological relief-chart, so to speak, as it comes before us daily.

As a starting point our statistics show a prevalence of pulmonary consumption about double that of the whites. This is of the greatest significance and is the direct outcome of the scrofulous habit now generally recognized as the most prominent morbid condition of the race. The ways by which it has been brought about I have already hinted at. Struma, though largely the result of inheritance, is the product of a malnutrition brought about by bad air, bad and insufficient food, and a general disregard of those laws which make up the physiological life. It is shown by a tendency to glandular swellings, to catarrhal inflammations, and the breaking down of tissues into caseous products; in short the development of tubercles whose growth is now generally recognized as co-existent with the life and growth of the *bacillus tuberculosis*. All excesses and irregularities which sap the vitality favor this goal to which the vital forces are hurried. It can easily be seen then how a race, transported from its natural habitat and thrown into a struggle which must drive it to the wall, and must reduce it to the poor and laboring class, with all the

principal southern cities. Of course it most be remembered that these figures do not hold good for the large element in the country. For both races the mortality falls outside the centres of population. But remember that the country feeds the cities, and that their losses are being con-

disadvantages and dangers of poverty and ignorance, naturally drifts towards this depraved constitution with all its evil consequences.

To the physician it is shown in many ways. Every day he has brought to his notice enlarged and inflamed cervical glands from ordinary colds; acute and chronic catarrhs of the mucous passages of the head and throat from the same cause; the characteristic strumous ophthalmia and conjunctivitis; otorrhœas, nasal catarrhs, follicular laryngitis and tonsillitis come under this head; enlarged inguinal glands from the slightest irritation, remaining long indurated or rapidly breaking down into abcesses. Inguinal swellings are produced from the slightest urethral and vaginal irritations, and urethral and vaginal catarrhs, simple and specific, are as readily induced. The catarrhal complications and sequelæ of measles are very common as shown to me by three very severe epidemics of the disease which proved very fatal to the colored children. Coming to diseases of the chest this diathesis is strongly brought out. The various forms of bronchitis and phthisis proper can be studied but too easily. The whole gamut of pulmonary diseases is run over daily up to its highest note in acute tuberculosis, pulmonary and general, whose high temperature and rapid wasting drive one to therapeutic nihilism and despair. It can be seen in the frequency of intestinal disorders of all kinds. We see it among infants and young children in the tendency to cerebral congestions and inflammations and convulsions, and the various forms of intestinal troubles. We see it, I think, in a poor resistive power and a lack of proper reaction to therapeutic measures. Troubles usually regarded as slight, or which respond readily to drugs, are apt to resist treatment or to be the beginnings of graver disorders.

The very great mortality among colored infants and young children has an important bearing, and has most to do with the high rate of mortality. Aside from the inherited strumous diathesis, the chief cause of this mortality is careless and improper feeding. The mother has a poor opinion of her milk as a rule, and the breast is soon discarded for dirty feeding-bottles and what she considers better and stronger food. You will frequently see a colored child, the canines hardly through the gums, sitting up at the table taking its regular dinner with the older members of the family, a dinner consisting of rice, greens, bacon, and pot liquor. This child may stand this better than the white child, but for all that it pays dearly for its smartness. The various compounds and articles which find their way into this little stomach far exceed in complexity the combinations of an *olla podrida* or a *bouillabaisse*. As results of all this we are called to convulsions, cholera infantum, entero-colitis, and every variety of diarrhœa. And in the treatment of all these troubles it is almost impossible to impress upon the mother the absolute necessity of a carefully regulated diet. That good milk can keep a child from starving is a fact difficult for her to realize. The potent factor of a close and vitiated air, which holds with such force in the tenement districts of our northern cities, can be largely counted out. With us here the colored live principally in cabins and small houses which have plenty of air and ventilation. It is the extremes of heat and cold from which they suffer. In a severe winter their means of heating are so poor that they suffer intensely from the cold, while in the intense heat of summer they succumb to the direct rays of the sun. I must constantly warn mothers of this danger. While sun-stroke, a result of a hot *vitiated* air, is rare among us, acute high fevers are common from exposure to the sun, and these fevers are dangerous from the tendency to cerebral congestion and inflammation

The great susceptibility of the negro to tetanus is well known, and *trismus nascentium* is of frequent occurrence as compared to the whites. I have never seen a case recover. I had hoped at one time that Sim's theory and postural treatment would offer something better, but I have been disappointed. Inherited syphilis is a factor of some importance, and results from treatment are very unpromising; almost all die. Many children are lost from ignorant and officious midwives, a subject I shall refer to further on.

The question of venereal disease is an interesting one. The scrofulous habit and bad living are the best friends of syphilis. In the negro they render both syphilis and gonorrhœa serious troubles. The impossibility often of a proper and prolonged course of treatment is a drawback, one, however, which applies to a large class among the whites. Gonorrhœa is frequently followed by stricture and cystic troubles. The most aggravated cases in my practice have been among the colored. The secondary and tertiary symptoms of syphilis are severe and prolonged; miscarriages frequently result, and the inherited disease is very fatal.

A healthy race presupposes a healthy and robust womanhood. As to diseases of the uterus and its annexa my experience is that they are very common. They can be traced to the naturally poor physique and to many irregularities and excesses. The results of miscarriage, accidental and induced, and the wretched hygiene of parturition explain largely this degeneracy, a rich field for gynecological research. The great frequency of uterine fibroids may be mentioned as a race characteristic. Though rarely fatal in themselves I have found them as a serious complication in labor and as a cause of sterility.

By far the largest portion of the colored employ midwives, only calling in a physician when there is dystocia. These midwives are a thoroughly ignorant and officious set who, by their meddlesomeness often change a natural presentation into an abnormal one, and endanger the life of both mother and child by their ignorance and interference. It is not an uncommon thing to come upon a midwife vigorously rubbing the abdomen of the poor puerpera in view of helping the pains, and producing a more or loss complete version of the child. The poor woman is put into every possible position. The room is close and hot and full of the emanations of a number of women from the neighbourhood who have come in to witness an event which has always the interest of a novelty. When the child is born and the cord cut its placental end is tied to the mother's thigh "to prevent the after-birth slipping up into the belly." The babe is turned over to the granny who dresses the cord with burnt rags or some other abomination. A binder is put on the mother which simply compresses tightly the waist without any even and firm pressure over the abdomen. The granny may put a hatchet under the mattress "to cut the afterpains," or a tub of water under the bed "to bring on sweating and prevent fever." These measures are harmless in themselves of course, and I only mention them to show the ignorance of these women. Both babe and mother rarely escape the dose of oil. This babe usually begins life with a "sugar-tit" or "butter-tit," with any number of teas of various complexity. Hardly later than five days, often much sooner, the mother is up and about her work. I do not mean to say that they do not stand this rough handling better than those brought up with more care, but I do say that I see many disastrous results from it. Distocia in all its forms is not uncommon, largely among the mixed-element, however. In my case-book I have examples of almost every form of mal-presentation and difficult labor. Puerperal eclampsia and albuminuria stand out prominently, and I find it much more fatal among the colored than among the whites. The evils following a difficult labor, and one carelessly and ignorantly handled, are constantly coming before the physician; witness subinvolution, lacerated cervix and perineum, and the various forms of pelvic trouble. These are significant facts and point to but one conclusion.

The negro once could boast of his insusceptibility to malaria and live secure in regions fatal to the white man. But this exemption has been growing less and less complete, and to-day the colored mortality from malarial and miasmatic diseases is very much greater than it once was. The reasons for this are various. In the first place a large part of this mortality is from the mixed-element which is more susceptible than the pure negro by virtue of the white admixture. This is self-evident. In the second place a less resistive power naturally follows a less healthy physique. In the third place, in the so-called malarial and miasmatic diseases an enteric factor is apt at times to be an important element, an element to which the colored are very susceptible, and which is very fatal to them. This has been plainly shown by statistics collected during the war among the colored troops.

The etiology of our prevalent fevers included under the terms malarial and miasmatic is largely a jumble of mere theories and opinions. There are certain ones which seem to be purely malarial, as we understand the term; others seem to be larval forms, masked by other elements vaguely called climatic; and others where a distinct enteric or typhoid character is shown. We call them typho-malarial, a convenient term, but one which prompts to laziness in our efforts to more closely differentiate. All these fevers from the simple continued fever up to the severer forms of the malarial remittent, of the bilious and hemorrhagic types, are constantly met with among the colored. My experience has been that the simple continued fevers, without any complications, run a protracted course and are hard to break, while the severer malarial remittents and the typho-malarial are very fatal. Granted that the pure negro bears, comparatively speaking, a charmed life in rice fields and uncultivated districts very fatal to the white man, his much greater exposure swells his death list, and this is the important point. Typhoid fever proper is a rare disease with us,

stantly made good by steady streams of immigration.

The data which have been collected from our own city are especially instructive and interesting. Through the courtesy of our Health Officer, Dr. J. T. McFarland, I have before me a most interesting table, giving the consolidated mortuary record of Savannah from 1854 to 1886 inclusive. From 1854 to 1870, and from 1870 to 1879, there were no reliable census returns. To get the annual ratio of deaths per 1000 of population for the whites and colored for these intervening years he has estimated the increase of population *pro rata* yearly. From 1854 to 1870 the yearly increase has been estimated for the whites as 154, and for the blacks 259, and from 1870 to 1878 inclusive the yearly gain for the whites has been 284, and for the colored 216. This computation, as the doctor says, "although not numerically correct, is nearly enough so to give valuable statistical information."

Consolidated Mortuary Record of Savannah, Ga., from 1854 to 1886 Inclusive.

From 1854 to 1870, and from 1870 to 1879, no reliable census is attainable; consequently I have estimated the increase of population *pro rata* yearly during said interims, and have computed the annual ratio of deaths per 1,000 of population upon this status. Although not numerically correct, the estimates are nearly enough so to give valuable statistical information.

This table proves conclusively that prior to the freedom of the African race in the United States their death ratio was smaller than that of the white race.

Year.	Population.		Number of Deaths.		Ratio per 1,000 of Population.	
	Whites.	Blacks.	Whites.	Blacks.	Whites.	Blacks.
*1854.....	12,468	8,961	1 221	308	97.9	34.3
1855....	Population.—Whites increased yearly upon an estimated gain of one hundred and fifty-four (154).	Population.—Blacks increased yearly upon an estimated gain of two hundred and sixty-nine (269).	433	292	34.8	31.6
1856....			405	297	36.4	31.2
1857....			376	264	29.0	27.0
*1858....			592	262	45.2	26.1
1859....			430	273	32.4	26.5
1860....			474	282	35.3	26.7
*1861....			563	269	41.5	24.8
1862....			555	372	40.4	33.5
1863....			459	389	33.7	34.2
*1864....			741	446	53.3	38.3
†*1865....			1,202	819	84 8	68.9
‡†1866....			530	912	37.0	75.0
‡†1867....			476	504	32.8	47.3
†*1868....			498	581	34.0	45.8
*1869			423	429	28.6	33.1

Year.	Population.		Number of Deaths.		Ratio per 1,000 of Population.	
	Whites.	Blacks.	Whites.	Blacks.	Whites.	Blacks.
1870.....	14,938	13,217	450	576	30.1	43.5
1871....	Population.—Whites increased yearly upon an estimated gain of two hundred and eighty-four (284).	Population.—Blacks increased yearly upon an estimated gain of two hundred and sixteen (216).	526	606	34.4	45.1
1872....			519	636	33.4	46.5
1873....			558	789	34.0	56.1
1874....			394	642	24 5	45.5
†1875....			394	602	24.0	42.1
†*1876....			1,265	984	76.9	67.8
†*1877....			375	623	22.1	42.2
1878....			362	626	21.0	41.8
1879.....	17,493	15,163	416	686	23.7	45 1
1880.....	18,229	15,019	462	883	25.3	58.8
1881.....	19,114	15,765	557	903	29.1	57.2
1882.....	20,514	16,819	375	740	18.2	43.9
1883.....	23,829	16,652	488	659	20.4	39.5
1884.....	25,362	19,150	469	703	17.9	36.7
1885.....	25,732	19,111	333	659	13.7	35.4
1886.....	26,675	19,111	458	953	17.1	49.8

*Yellow Fever 1854—Deaths, whites 625, blacks 10. *1858—Deaths, whites 112, blacks 2. *1861—Deaths, whites 4. *1864—Deaths, whites 14, *1865—Deaths, whites 1. *1868—Deaths, whites 1. *1869—Deaths, whites, 1. *1876—Deaths, whites 771, blacks 125. *1877—Deaths, whites 4. †Small pox introduced by United States troops 1865, 1866, 1867. †1875, 1876, 1877 †1882—One case. †1884—Two cases. †1885—One case. No accurate account can be given as to deaths; it was very heavy in 1865 and 1866 ‡Cholera brought from New York by United States troops. 1866—Deaths, whites 85, blacks 211. ‡1867—Deaths, whites 12, blacks 17. ‡1868—Deaths, whites 13, blacks 18.

comparatively speaking, and when it occurs generally assumes a larval form, masked and modified in one way or another by our climatic influences. To these fevers the negro rapidly succumbs.

From our records, the twenty-two years from 1854 to 1876 increased the colored susceptibility to yellow fever, due to the increasing mixed element and the poorer physique. Thus the disparity between the susceptibilities of the two races, as regards our southern fevers, is becoming less and less marked; the larger mixed element, the greater exposure, and the lowered vitality, will destroy even this sole advantage over the whites of which the negro once could boast.

The emptive fevers go hard with the colored. I have seen three epidemics of measles which were very severe and which carried off many children. Even when the disease proper was overcome the severe sequelæ caused death. My experience with scarlet fever is too limited to be of any value as the disease is an uncommon one here. In the years 1835, 1836, 1867, 1875, 1876, and 1877, small-pox prevailed in Savannah, and the death rate among the colored was very high; the disease was invariably severe and left the patient deeply pitted.

In the years 1863, 1867, and 1868, Asiatic cholera was brought to Savannah from New York by United States troops. In these three years there were 353 deaths, 246 among the colored and 110 among the whites. The death rate per 1000 for these three years was 20 for the colored and 7.5 for the whites, the disease being nearly three times more fatal to the former.

A word or two as to alcoholism whose pernicious effects are recognized the world over with all nations and all races. A careful census of Savannah taken in 1886 gave the population as 45,492. There are 229 licenses issued to retail liquor-dealers. This gives a dram-shop to about every 200 inhabitants, including men, women, and children. Those who keep these shops show every indication of prosperity; many own their own houses and enjoy the luxury of a horse and carriage. Some of these shops are for whites alone, most of them are largely, if not entirely, supported by the colored. Most of the liquor sold is villainous stuff and too cheap to contain anything better than methyl alcohol.

I have never seen a case of *delirium tremens* in the negro. I think this is easily explained. We usually find *delirium tremens* in those of tough fibre who can stand that heavy and prolonged drinking necessary to develop the disease. The negro cannot stand this heavy and prolonged drinking. He is soon done for and becomes so overcome by the drug that he must let up for a while; or he becomes disorderly and commits some violence which sends him to the barracks and the chain-gang where his stomach has rest and where he is enabled to pick up again. The evil effects of alcohol then are seen in acts of violence, in the inflammatory troubles which follow exposure while under the influence of the drug, and those congestions and inflammations of the thoracic and abdominal viscera which can be traced directly to alcohol in all its forms.

And a word as to a habit of drugging common among the colored which has its evil influences. They are constantly taking medicines, especially purgatives and opiates. Without having any figures to bear me out, I believe that more patent medicines are sold among them than among any other class. They are firm believers in pills and draughts and nostrums of all kinds whose proprietors reap a rich harvest, and let any travelling mountebank come among them and he can sell out rapidly his entire stock of pills, liverpads, or what-not. I have seen many evil effects of this drugging.

This question of physical degeneracy is a very comprehensive one and I have only outlined it. Upon it rests the solution of the entire problem before us. By it alone can we prophesy the future of the race and it is only the physician really who is in a position to see fully the many points in the case and their various issues. In his every day work he gains an insight into conditions and tendencies not to be obtained in any other way. He may thus reach in a comparatively short time justifiable conclusions which demand a much longer time when based upon figures alone.

I am indebted to compilation of our honored townsman, Dr. W. Duncan for tabular statement of deaths from 1855 to 1869 inclusive.

J. T. McFARLAND, M. D., Health Officer.

In this table we find that from 1854 to 1863 more whites died proportionately than colored. Then from 1864 to 1876 the white mortality was still in excess of the colored. The year 1866, however, was the turning point, for with the exception of 1876, the year of the yellow fever, the colored have greatly exceeded the whites in their mortality. Another interesting feature shown us is the increased susceptibility of the colored to yellow fever since emancipation. For in 1854 there were 625 deaths among the whites and only 10 deaths among the colored, while in 1876 there were 771 death among the whites and 125 deaths among the colored. In other words, in 1854 about 5 per cent of whites died of yellow fever and only $\frac{1}{8}$ of one per cent of colored, while in 1876 about $4\frac{1}{2}$ per cent of whites died, and very nearly one per cent of colored. Of course these figures are only approximately correct, as no account has been taken of the exodus from the city at these times of peril.

From 1880 the returns show that twice as many colored as whites die in proportion to the population. Some years show an even greater mortality. In 1880, in the ratio per 1000 of population, the figures stand 25.3 for the whites and 58.8 for the colored; in 1882, 18.2 for the whites, and 43.9 for the colored; in 1884, 17.9 for the whites, and 36.7 for the colored; in 1885, 13.7 for the whites, and 35.4 for the colored; in 1886, 17.1 for the whites and 49.8 for the colored. This table shows conclusively, for Savannah at least, that prior to emancipation the death rate of the colored was less than that of the whites, but that since their freedom their mortality has greatly exceeded the white's. It would be indeed valuable for our argument could we get similarly prepared tables from other parts of the country.

Looking to the causes of deaths in our city, we find that though the African shows less susceptibility to malarial and miasmatic influences, his greater exposure raises his death rate from these diseases, while in pulmonary and tubercular affections his mortality rate is double that of the white man.

The returns from Charleston, which I have obtained access to, tally with those just given for our own city. In a table before me, giving the comparative mortality of the two races for the last decade, the figures show that the colored mortality is just about double that of the white. In the returns of deaths from consumption for the last five years, the colored death rate is nearly tripple that of the white.*

The last Report of the Board of Health of the City of Richmond, Va., gives a number of valuable tables, showing the diseases most prevalent, and the relative death rates of the two races since 1880, which is in favor of the whites, though the disparity is not so great as with us and Charleston; it may be roughly estimated as 2 to 3.†

*Through the courtesy of Dr. H. B. Horlbeck, City Registrar and Secretary, I have obtained the Annual Reports of the Department of Health of the City of Charleston for the years 1881, 1882, 1883, 884, and 1886. From this last report I find this table of comparative mortality for the years 1877 to 1886 inclusive:

Comparative Mortality.

Years.	Whites.			Blacks and Colored.		
	Population.	Number of Deaths.	Proportion of Deaths.	Population.	Number of Deaths.	Proportion of Deaths.
1886	27,605	371	1 in 48	32 540	1,596	1 in 20
1885	27,605	487	1 in 56	32,540	1,250	1 in 26
1884	25,000	592	1 in 42	27,286	1,215	1 in 22
1883	25,000	540	1 in 46	27,286	1,286	1 in 21
1882	25,000	554	1 in 45	27,286	1,172	1 in 23
1881	22 713	651	1 in 34	27,286	1,292	1 in 21
1880	22,713	500	1 in 45	27 286	1,137	1 in 24
1879	22,713	517	1 in 43	27,286	1,075	1 in 25
1878	22,713	514	1 in 47	32,012	1,125	1 in 28
1877	24,528	555	1 in 44	32,012	1,268	1 in 25

Looking to consumption as a cause of death, I have prepared the following table from the mortuary returns of the five Annual Reports in my possession:

Years.	Whites.			Blacks and Colored.		
	Population.	Number of Deaths from Consumption.	Proportion of Deaths.	Population.	Number of Deaths from Consumption.	Proportion of Deaths.
1881	22,713	60	1 in 378	27,286	192	1 in 141
1882	25,000	72	1 in 347	27,286	206	1 in 132
1883	25,000	63	1 in 396	27,286	203	1 in 134
1884	25,000	58	1 in 431	27,286	212	1 in 129
1886	27,605	59	1 in 467	32,540	202	1 in 161

†Table showing the number of deaths of the two races from 1880 to 1886 inclusive:

1880		1881		1882		1883		1884		1885		1886	
Deaths Among the Whites.	Deaths Among the Colored.	Deaths Among the Whites.	Deaths Among the Colored.	Deaths Among the Whites.	Deaths Among the Colored.	Deaths Among the Whites.	Deaths Among the Colored.	Deaths Among the Whites.	Deaths Among the Colored.	Deaths Among the Whites.	Deaths Among the Colored.	Deaths Among the Whites.	Deaths Among the Colored.
741	1,009	865	1,184	792	1,061	777	1,062	826	1,078	870	973	829	968

This is an abbreviated table from one on p. 48 of the Annual Report of the Board of Health of the City of Richmond, Va., for the year 1886. In it is given the number of deaths for each month. The population of Richmond is put down at 100,000, 56,000 whites, and 44,000 colored. These figures show that in proportion to the population two whites die to three colored.

In the Biennial Report of the Board of Health of the State of Louisiana for the years 1884 and 1885 I find a table giving the comparative monthly mortality of the two races in New Orleans from 1880 to 1885 inclusive. This is decidedly against the colored; the average ratios of mortality per 1000 for these five years are 25.02 for the whites and 40.85 for the colored. In the mortality from consumption for the years 1884 and 1885 I find that the colored death rate is more than double that of the white. New Orleans, which has a poor reputation for health, might seem on first thought better adapted to the colored race, but the mortuary reports show that the white man stands it much better than the negro.*

It is from the State of Tennessee that I have obtained the fullest information as to this comparative mortality, and all the reports show this high negro mortality. In the city of Memphis in the last five years we find the colored mortality fully double that of the white, while from consumption more than twice as many colored as whites die. The returns from Nashville, Chattanooga, and Knoxville coincide closely with the above figures.†

Returns from Columbus and Atlanta, in this State, tell the same story. Returns from Mobile, Ala., from January, 1882, to December, 1886, are the only ones which do not give this high colored mortality. Here, although the figures are in favor of the whites, the disparity is by no means so great.*

Year.	Population.		Number of Deaths from Consumption.	
	White.	Colored.	White.	Colored.
1886	40,207	22,128	92	144
1885	40,207	22,128	102	123
1884	40,207	22,128	96	127
1883	40,207	22,128	72	134
1882	28,273	17,741	52	107

From Chattanooga I have only complete returns for two years. These again are decidedly in favor of the whites.

1883—Death rate per 1,000 among the whites		20.7
" " " "	colored	37.0
1884— " " " "	whites	18.7
" " " "	colored	27.7

The following table gives a comparative statement of the death rate of Nashville for the years 1875 to 1884 inclusive.

	1875.	1876.	1877.	1878.	1879.	1880.	1881.	1882.	1883.	1884.
White...	25.78	26.31	21.82	17.43	20.26	19.98	20.63	17.82	18.08	16.77
Colored.	49.69	45.35	38.72	33.50	35.92	36.47	32.87	35.50	31.29	26.94
Total,.	34.55	33.25	27.80	23.11	25.80	25.53	25.27	24.11	23.50	21.94

* Through the kindness of Dr. Carlisle Terry, of Columbus, Ga., I have obtained the returns of that city for the last three years, which show a colored mortality double that of the white.

Dr. Jas. B. Baird, Secretary of the Board of Health of the city of Atlanta, has kindly furnished me with the mortuary tables of that city for the last seven years. These are the figures:

Year.	Total Annual Death Rate.	White.	Colored.
1880	17.08	13.00	28.08
1881	24.66	19.22	31.70
1882	21.00	13.84	31.70
1883	21.74	14.86	32.20
1884	21.33	13.34	33.52
885	20.23	13.06	31.26
1886	14.86	10.10	23.71

These figures give an average annual death rate of 13.91 for the whites, and 29.54 for the colored. Turning to the principal causes of death, consumption, pneumonia and other acute lung diseases, we find the following figures for the year 1886:

Consumption—Number of deaths among the whites		49
" " " "	colored	70
Pneumonia— " " "	whites	24
" " "	colored	57
Other acute lung diseases.—Whites		9
Colored		16

Estimating the population at 60,000, whites 39,000, colored 21,000, we find the colored more than three times as susceptible as the whites to these diseases.

Through the courtesy of Dr. T. S. Scales, Health Officer of Mobile, Ala., I have been furnished with the monthly statements of mortality from January, 1882, to December, 1886, inclusive. From these statements I have compiled the following table, giving the comparative mortality of the two races for these years. This table shows that in Mobile the disparity between the whites and colored as to mortality is not so great as elsewhere:

Year.	Annual Death Rate per 1,000.	
	Whites.	Colored.
1882	22.4	29.0
1883	23.5	28.2
1884	29.6	34.1
1885	28.9	33.0
1886	27.4	37.3

These figures have been deduced from the census of 1880, which gives a population of 31,295, whites 16,927, colored 14,368, so that they are only approximately correct.

As to the relative frequency of consumption in the two races I have only the figures for the year 1886: 95 deaths among the whites, and 141 deaths among the colored. Here again the colored death rate from this disease is more than double that of the white. I am indebted to Dr. T. E. Stratton, President of the Board of Health, for these figures.

*A very comprehensive table gives the number of deaths, white and colored, which have occurred in New Orleans during the past six years. The total number of deaths among the whites during this time was 24,589, and for the colored 14,708, the average white population being 163,788, and the average colored population 59,997. This gives 25.02 as the white ratio of mortality and 40.85 as the colored ratio of mortality.

Under phthisis pulmonalis they give for these two years 1,083 deaths among the whites and 821 deaths among the colored, the ratio per 1,000 being about 6.4 for the whites, and 13.2 for the colored. These figures tally with Savannah's record. I am indebted to Dr. W. H. Watkins, Chief Sanitary Inspector, for this Biennial Report.

†Through the courtesy of Dr. G. B. Thornton, President of the Board of Health of Memphis, and Dr. J. Berrien Lindsey, Secretary and Executive officer of the State Board of Health of Tennessee, I have obtained full information as to the sanitary conditions and the comparative mortality of the two races in Tennessee. From the material furnished me I have prepared the following table, giving a comparative statement of the death rates of the two races in the city of Memphis for the last seven years:

Year.	Total Deaths.		Death rate per 1,000 population.	
	White.	Color'd	White.	Colored.
1886	676	749	16.81	33.89
1885	666	818	16.56	36.96
1884	756	921	18.80	41.66
1883	610	793	15.19	35.83
1882	420	701	14.85	39.45
1881	665	806	30.22	44.26
1880	491	563	14.44	16.55

The following table shows the large excess of deaths from consumption among the colored in the same city:

These statistics are dry things to read, and drier things to listen to, so that I shall reserve whatever details I have collected for those who may desire to look more closely into this subject. I think I have brought forward sufficient evidence, however, to prove to you that our mortuary records give abundant proof of this physical degeneracy of the colored race. They show a terrible waste of ante-natal life, a high infant mortality, and a high death rate even in malarial and miasmatic diseases from which the negro was once largely exempt.

I know of no more significant fact, as pointing to the future of the race, and this future is what, as I have attempted to show, ethnology and biology would lead us to expect. Within the white race we can watch the cyclic movements showing the rise of the sturdy element of the lower classes to the higher, and again the fall of the higher to the lower. Like the plant the vitality of the race is expended in the flower, and it must start from the ground again before rising to higher things. But in the conflict between the white race and an inferior and alien race the movement becomes a different one. Here it is a process of assimilation where that which is non-assimilable and perishable dies while that which has stability and is assimilable is absorbed and moulded to its new conditions, in short lost in the main growth. While during slavery this process was greatly retarded, emancipation has opened the flood-gates and the struggle really begins. The loss of life will be great indeed.

> "Though the mills of God grind slowly, yet they grind exceeding small."

America, though in a measure the Botany Bay of the world, is the arena for a new leap in civiliztion. It is the land of the Caucasian. However large our colored element may be, as a distinct race it can only reach a certain point. By the processes I have sketched out it must become Caucasianized, Americanized, or drop out of the struggle. That the colored race will so increase in the future as to threaten this country, or even our portion of it, I can see no evidence. There are weightier social and political problems before us to-day than the poor negro, depend upon it. We need hardly worry ourselves about colonization, or any remedial measures outside of those incumbent upon every State to make its people useful and intelligent citizens. The negro to-day has his place in this country and he has his usefulness. Here to us his sudden disappearance would prove a great loss, to say the least, and we may well consider methods of improving him rather than trouble ourselves about getting rid of him. Despite certain writers to the contrary the South has a bright future before it. The last decade has accomplished much towards developing its vast resources and offering attractions for a good element of immigration. I doubt if there is a thoughtful person among us who does not firmly believe in this bright future.

The great forces at work and their ultimate issue which I have attempted to indicate may be roughly portrayed and epitomized by a simile. Imagine a crystal lake fed by many clear streams from all the points of the compass, bearing waters as varied as the regions through which they flow. Suddenly from the southward gushes a muddy stream which empties into the lake soon to exhaust itself. At first, for some distance out on its surface we can see a distinct line of demarcation between the clear and the muddy. Gradually by a process of diffusion and precipitation this division line becomes less and less distinct, the muddy shading off into the clear, until finally the lake is left in its original clearness; and our eyes wandering over its surface fail to detect any cloudiness in its clear and translucent depths.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Œnanthe Crocata.—Dr. Henry R. Stiles has called the attention of the profession to his successes with œnanthe crocata "water hemlock." Dr. E. R. Waterhouse says: This is one of the few new remedies that have gained a position of much importance in the treatment of epilepsy. I have treated several cases with this drug, and in every instance the spasms have ceased. The remedy should have another trial.

Guaiacum.—According to Dr. Charles Ozanam (*Bibliotheque Hom.*, February and March, 1887) gualacum possesses, among other remarkable properties, that of curing, and very rapidly, quinsy or inflammatory angina, simple as well as phlegmonous. Its pathogenesis seems to indicate this, as we read in clear terms: burning pain in the throat. This valuable discovery, however, does not belong to the homœopaths, but is due to an English physician, Dr. Brinton, in 1857, and recorded in the *Lancet*. In 1881, Dr. Morris also made use of it. He prescribed guaiacum in full doses, two grammes of the powder three times a day; this resulted in sweats and profuse urination, and the inflammation quickly disappeared. Dr. Ozanam has also tried this remedy, but in the first decimal, and in the second and third centesimal dilutions, with the same success, but without

apparent crisis, a proof that they were unnecessary.

Copper Wire Band Curative of Neuralgia.—Dr. W. E. Scott, of Springfield, Mo., reports (*Progress*, March, 1887) the case of a man, aged 70, who had been troubled with severe facial neuralgia some thirty years. Hearing of the remedy from a layman, he applied a closely fitting copper wire to the skin about the neck, and had it constantly worn. After twelve hours the patient had no severe trouble, and after about ten days trial he was free from his ailment. If the neuralgia affects the trunk, etc., wear the copper wire around the waist.

Drugs Not the Most Potent Curative Agents.—Dr. C. J. F. Meriweather, Tenn., mentions (*Miss. Val. Med. Monthly*, March, 1887) some cases to sustain this proposition:

First, a case of catalepsy in a childless married lady of thirty years, who had recurring comatose spells for three years. Each spell lasting a week or more. She was healthy looking, with normal respiration, pulse and temperature. Blisters, tonics, bleeding, purgatives, emetics, antispasmodics and alteratives had all been used in vain. The doctor directed that when the next spell began she should be ducked in a creek some 400 yards from her house. Her next spell began on a cold, windy day in November. Her husband took her on his shoulders (for she was stiff as a log) to the creek and threw her in where the water was four feet deep. The shock of the cold plunge at once restored consciousness, and she actually outran her husband home. She was entirely cured.

Case II. was a childless widow, paralyzed two years, and medicines had failed. The doctor found her with normal respiration, pulse, temperature, appetite and digestion. He advised that she should be alarmed—to put her in a wagon and let the mules run away. This advice angered her mother, and quite a scene occurred. The doctor left the house hurriedly. A few days afterward, however, the family heard of the cure of the case of catalepsy, just reported, and they concluded to have a sham runaway with the patient in the wagon. The intended sham turned out to be a real runaway. The wagon was wrecked in the woods. The fright effectually cured the widow.

Case III. was Mr. D., who had hiccough for a week. Every accessible remedy had failed, and the doctor was sent for. Mr. D. had a large dog; so the doctor took his mastiff along with him. Mr. D. was on a low bed when the doctor entered the room with his dog; Mr. D.'s dog sprang on the doctor's dog, "and for a dog fight it would equal Waterloo." When the fight was over, Mr. D. was missing, but was finally found under the bed, and never had another spell of hiccough during his life.

Case IV. was a case of itch cured by terror of flies. Mr. M. had long owed the doctor a bill which he had often promised but failed to pay. Finally he asked the doctor to send him something for itch. Now was the doctor's opportunity. He made a strong decoction of buzzard weed, which smells like carrion, corked the bottle well, and wrote the patient to wash well with soap and get a negro to apply immediately. In a week the doctor called. The man said he was well of the itch, but when he applied the medicine his wife and son vacated his room and absolutely quarantined him, and that for four long days and nights he had to fight green flies with brushes, for they seemed determined to "blow" him. On going to where his hands were at work, a faithful old servant took him to one side, and asked him with much feeling if he was rotten. The next day he paid the doctor what he owed him.

THE SUPERFICIAL DRAINAGE OF MORBID PRODUCTS.

By Henry G. Hanchett, M.D., New York.

MY ATTENTION has been only recently called to two articles by Dr. P. J. McCourt (see Medical Times, Vol. X., p. 205, and Vol. XI., p. 322), in which he details a plan of treatment for uterine diseases, using medicated pessaries of peculiarly prepared sponge. The most surprising result obtained by this method of treatment was the enormous quantities of pus and in many cases of iron which had been previously ingested as a medicine, that were brought away with the sponges upon their removal. In one case which the doctor reported, large quantities of iron had been taken by the patient, but none for the nine years previous to her coming under his treatment, yet twenty sponges were removed containing astonishing amounts of iron, while a still larger number were loaded with pus. The doctor is satisfied that this material is stored up in the system, and that by no means at any one local point; it is generally distributed and is drained away at the place to which it is attracted by appropriate medication.

In making this demonstration Dr. McCourt has given strong confirmation to the theory of extravascular storage and circulation of pathological matters, which suggested itself to Dr. A. H. Laidlaw, of this city, about the year 1859, and which has proven a satisfactory working hypothesis ever since. By the use of the "leg rubbing"

(a plan of treatment peculiar to Dr. C. C. Schieferdecker, consisting of, first, the breaking of the skin of the leg by vigorous rubbing with the wet hands, and the application to the same region of the covered wet compress) he was enabled to remove upon the bandages not only incredible quantities of pus, but also of iron, mercury, iodide of potash, gamboge and other medicinal substances, which had been taken long before by the patients. That the pus was not the result of local inflammation only is demonstrated by the fact that ulcers, cold abcesses and pathological discharges from other parts of the body disappeared under the treatment, and disappeared permanently. Several cases which had been called phthisis recovered in a few weeks, showing that the lung had been but the seat of a pathic opening for morbid matters, which were susceptible of transfer to other localities by channels outside of the blood vessels.

This extra-vascular deposit of pathological matter which can be stored up for years without special indication of its presence, accounts for some of the phenomena of disease not easily explained otherwise; as, for example, the fact that in many persons small-pox may make its attack more than once (in one case on record the patient sustained seven distinct attacks), and that the pustulation varies so greatly in different cases of the same epidemic. Without this material in the system variola cannot express itself—with it it may repeat its expression. Dr. McCourt traces the source of much of this matter to the eating of pork, a position undoubtedly well taken.

It may not be amiss—since the description of the process was quite condensed in the original articles—to give the plan of preparing the sponges for use as medicated pessaries, as orally communicated by Dr. McCourt. Common reef sponges of suitable size are to be selected, as no cutting can be permitted, and the finer grades of sponge lack the necessary "life" and firmness of structure to expand in Douglass' *cul-de-sac* after going through the softening and bleaching operations. The sponges are first washed in strong muriatic acid (commercial) till all grit is removed, then stained black, in a solution of permanganate of potash (about ʒii to the gallon), next they are bleached in a mixture of sodium hyposulphite (ʒiij of a saturated solution) commercial muriatic acid and acetic acid, No. 8 (of each ʒij) and water (ʒix) and lastly washed in acetic acid, No. 8. I rinse the sponges well in hot water before and after, each stage of this process. It makes the sponges as soft as velvet, nearly white at first, and still leaves them with considerable elasticity. They are inserted well charged with the appropriate medicine, and are removed in from twelve to thirty-six hours when, in many cases, they are found loaded with morbid products. The plan of treatment is certainly worthy of more extended attention than it has yet received.

CLINIQUE.

THE BEFORE AND AFTER TREATMENT OF LAPAROTOMY.*

BY H. I. OSTROM, M. D., NEW YORK.

Visiting Surgeon to Ward's Island Hospital; to the Hahnemann Hospital, New York; to the House of the Good Samaritan Diakonissen.

LAPAROTOMY has become a surgical fashion. Surgeons seek to demonstrate that the majority of pelvic lesions are amenable to operative treatment, and that the abdomen can be opened, its contents examined, and neoplasms removed with little more than ordinary surgical risk. The newness of the operation, and the brilliancy of the results obtained, have naturally led to its somewhat indiscriminate performance; but abdominal surgery now rests upon too firm a basis, and the benefits conferred upon our art by the pioneers in this department of surgery are too well recognized to require defense at this time. If some lives have been sacrificed to a principle, more have been saved from a life of suffering, or from death itself; and the names of Wells, Thornton, Keith, Tait, and a score of others, will remain as monuments of courage and personal sacrifice, and so synonyms of, "healer of the sick."

Within its brief history, abdominal surgery has made phenomenal progress. The success which to-day attends the various operations that may be classed under that head, was, even in the prophetic brain of McDowell, scarcely dreamed of; the causes that have led to this success are the same that influences general operative surgery; the same that make it possible for Victor Horsely to diagnose, and successfully remove cerebral neoplasms; the same that enables you and me to undertake with some degree of confidence, and with comparatively little fear of inflammation and septicæmia, operations which would have caused surgeons of a century ago great anxiety, and possibly bitter disappointment.

As we study the early work of Sir Spencer Wells, —I refer to him because he was among the first who made a speciality of abdominal surgery,—and that of his more successful colleagues, we receive the im-

* Read before the Bureau of Surgery, of the Homœopathic Medical Society of the State of New York, September 21, 1887.

pression that the practical application of general science, if I may be allowed the expression, the catholicity of modern surgery, is directly associated with our present low mortality rates. All science is one. The impetus given to the surgery of to-day is derived from histology, biology, and chemistry, each branch of learning contributing to the general fund. The mental activity which we see on every side, and in every walk of life; the general desire for scientific investigation and knowledge, almost unprecedented in social history; the craving for original research with which the latter part of the nineteenth century is redolent, are the matrix out of which is born our improved instruments, our better methods of operating, our aseptic, and antiseptic surgery. Not to the surgeon alone is credit due for his unerring skill in reaching disease, and the impunity with which he seems to defy organic structural laws; Mr. Tait must share his honors with Darwin, Spencer, Tyndal, Pasteur, or any other collaborator, who, by adding to science, has made his success in abdominal surgery possible.

But while all that pertains to the operation itself will of necessity influence our successes and our failures in abdominal surgery, the treatment before and after the operation are important factors in contributing to the results which astonish the world, and of which we, knowing more truly their significance, may justly feel proud. Here, also, the broad scientific knowledge of the day is perceptible; and of this not so much talked of question I would ask your consideration, more for the purpose of eliciting discussion, and obtaining the views of operators of more experience, than with the intention of advancing either new opinions, or of adding to the well-nigh perfect methods now practiced.

The treatment *before* an abdominal section, will be, it is scarcely necessary to say, in the direction of preventive medicine, and designed to prepare the system against shock, and to enable it during convalesence, to continue the balancing between waste and repair, which constitutes normal functional activity. This is true of all operative surgery, but becomes more especially so as the gravity of the case increases.

In this connection—the treatment before the operation—our attention is first directed to the organs of elimination, and of these the kidneys urge prior claims for consideration, not only because of the function they perform, that of removing peculiarly poisonous material from the system, but also because of the frequently masked diseases that exist in these organs, and the developing, or aggravating action which ether exerts upon such diseases. In the light of recent investigation there is little doubt that some cases of sudden death during, or within a few days after, an operation, are due to a defective action of the kidneys, an action that in an undetected degree antidates the operation, but probably as frequently is excited by the nervous condition that preceeds the operation, or by the ether used for anæsthesia. Shock and uræmia resemble each other quite closely, and when the condition of the kidneys is not known, one may be mistaken for the other. To ascertain the true condition of the kidneys it is necessary to examine the urine during several days before an operation, and for a corresponding length of time after the operation. Probably if surgeons would adopt this plan, and make themselves more familiar with the general condition of their patients, they would be better able to meet individual complications as they arise; accidents in the operating room would be less frequent, and the statistics of our graver operations would be even more encouraging than at present.

The anæsthetic used, and the method of its administration, are important factors in the before-treatment of laparotomy. Of the two anæsthetics, ether and chloroform, the former is regarded the safer. This is certainly true, if we consider the suddenness with which the lungs and heart cease to act under the less used vapor. There is no question that a fatal dose of chloroform is more quickly and more insidiously reached than one of ether; but in view of the known effect of ether upon the blood and upon the kidneys, has not our rejection of chloroform been too general? Should we not select our anæsthetic in accordance with the condition of the patient? When there is suspicion of a kidney lesion, would we not run less risk from the general depression of chloroform than we encounter from the nephretic action of ether? By careful watching—one of the most trustworthy signs of safe chloroform narcosis is to be found in the condition of the pupil—we should be able to anticipate the stage of danger; but if ether is given, and there is a kidney lesion, we not only run the risk of accelerating that disease, but we possess no means of ascertaining the extent of the injury until after the injury has been done. I do not wish to advocate the substitution of chloroform for ether in abdominal surgery, but I believe that in some cases ether is less free from danger than chloroform. These cases may be few, they are certainly the exception, but their existence should cause us to hesitate before subjecting our patients to an unneccessary danger, and one that could possibly be avoided.

XUM

The defective oxygenation of the blood which ether causes, we may conclude, is increased by the quantity of ether given, and will continue in proportion to the length of time that a person is under its influence. With the smothering method of administering ether, the minimum quantity is less likely to be exceeded than when the early stages of anæsthesia are prolonged. From the former practice I have seen no ill effects; from the latter I have not been so fortunate. The danger of both ether and chloroform, as in any other poison, lies in the lithal dose; when we recognize this fact, and regulate our use of these powerful drugs accordingly, we will have fewer accidents that can be traced to anæsthetics.

The fear that prevailed half a century ago of interfering with the abdomen and its contents, has been replaced by the belief that the surgery of this region of the body should be conducted upon the same principles that govern operations generally. This rational conception of abdominal surgery has developed a corresponding rational conception of its *after* treatment. The woman who has undergone abdominal section is insured absolute rest for a few days. Her digestive organs having been more or less disturbed, are given nothing to do for twenty-four hours. At the expiration of that time, if there is no nausea, the hot water is replaced by simple broth, or some form of milk food. I find that unadulterated milk is not always well borne in abdominal surgery. It favors constipation, a condition to be avoided, and gives rise to flatulence, a most distressing and dangerous complication. As a substitute for milk, I have latterly used barley water diluted with one-third cream, with very gratifying results. At the end of the first week, or possibly earlier, the patient generally receives easily or partly digested semi-fluid food, gradually returning to her normal diet. Some difference of opinion exists among operators, whose experience is equally deserving of attention, concerning the treatment of the intestinal canal after laparotomy. The former weight of opinion was in favor of enforcing a suspension of activity until convalesence became fairly established, the wisdom of this practice is now very generally questioned, some surgeons advising the administration of a brisk saline purgative on the third or fourth day after the operation. Each surgeon must, to a certain extent, think for himself and practice his own surgery, and, while I do not criticise either the methods or results of other operators, I am forced to say that I believe this interference to be only exceptionally called for. Both theoretically and practically I find no reason for denying the intestinal canal the same rest that we seek to give other parts of the system. If the bowels have been thoroughly emptied before the operation, and the length of time necessary to accomplish this will surprise one, the food for the first few days cannot leave any troublesome residuum in the intestinal canal. Why, then, should we be so eager to force it into activity? Mr. Tait, one of the advocates of this practice, says to drain the abdominal cavity. It may serve that purpose in his hands, but when the operation is of such a nature as to require drainage, is it not better to provide a mechanical exit for the fluid, than to throw unnecessary work upon the peritoneum and the abdominal organs? Rest is one of the elements of repair, and as a routine practice I have never seen occasion for so early disturbing the inaction of the bowels that usually follows a laparotomy. If peritonitis threatens, with distention of the abdomen, a purge, specially calomel, will, by acting upon the portal system, do much towards averting the threatened danger; but we would then be dealing with quite another question from that of simply moving the bowels. If in a week or ten days, the diet then being quite liberal and containing solid food, there is no disposition to stool, an enema may be given, and repeated until effective, but I do not believe in the efficacy of inducing a purgative action of the bowels in ordinary cases of laparotomy. One of the most alarming cases I have ever had developed within a few hours after administering a purge. The lady—it was a case of hysterectomy—was doing well, but on the fourth day, the bowels being inactive, I ordered a mild purge. The result was collapse, followed by peritonitis and a prolonged convalescence, which I think could have been avoided. It is desirable to prevent any great accumulation in the intestines, but the food taken is of such a digestable character that this is not likely to occur within the first week or ten days.

The management of flatulence, one of the most constant, troublesome, and in some instances dangerous, complications of abdominal section, will sometimes tax our utmost skill. In a great measure the diet for the first forty-eight hours will help to control this symptom; we can scarcely expect to prevent it. Hot water given *ad libitum*, sometimes in sufficient quantities to cause emesis, is of service. It is a mistake to leave the stomach entirely empty, for this condition in itself is sufficient to generate flatulence. Change of position will frequently relieve flatulent accumulation. Turning from one side to the other, or from the back to the side, will not only relieve the colic, but liberate the gas. There

is nothing in the operation of laparotomy that should prevent a patient from assuming any position that conduces to her comfort, or to change her position—of course with assistance—as often as she feels the desire to do so. In simple cases the bed rest affords marked relief. I have allowed patients to sit in a half reclining position as early as the third day after the operation.

Among medicines to relieve flatulence *belladonna, colocynth, colchicum* and *nux vom.* are invaluable. The latter I have found to give prompt relief. The rectal tube worn for a length of time must not be neglected, nor the efficacy of enemas forgotten. When the gas seems to be generated in the stomach, a soft œsophageal bougie passed through the pyloric opening will afford temporary relief; and this is important in severe cases.

The causes of flatulence after abdominal section are probably in a measure nervous, it being one of the symptoms induced by the shock which the system has sustained. I have found it developed to a distressing degree after trachelorrhaphy and perineorrhaphy, and several times after a simple amputation of the breast. In such cases there is nothing alarming in the condition, but when it follows upon an abdominal section, the seat of the surgical lesion favors the development of serious complications.

With the exception of the twenty-four hours succeeding a laparotomy, the bladder usually requires no interference with its function. The action of ether upon the blood, causes a degree of congestion of the kidneys, which generally induces a temporary suspension of their function. There is, therefore, not the usual quantity of urine secreted. There is also frequently a spasm of the urinary sphincter, which interferes with a voluntary emptying of the bladder. This state of scanty urine and inability to urinate, together with the importance of ascertaining the condition of the kidneys, will of course be met by catheterization, but as soon as the patient is able to urinate she should be allowed to do so. The practice of using the catheter at regular intervals for several days, is, as a rule, quite unnecessary, and is liable to give rise to a painful and troublesome form of cystitis. When an inability to empty the bladder continues unduly, the "nervous spell" is sometimes broken by allowing the patient to sit on the vessel in bed once or twice; after doing so, she is generally able to use the bed pan, or urinal.

Nausea and vomiting are exceptionally absent after laparotomy, and are difficult to control. Since the use of the clamp has been restricted almost entirely to hysterectomy, these symptoms have possibly become less frequent, but they are still sufficiently common to prove formidable obstacles to rapid recovery. Apart from the general causes, disturbance of the abdominal viscera, and nervous shock, I am led to believe that this very troublesome complication is connected with the quantity of the anæsthetic given, and with our method of dealing with adhesion. Of the former I have already briefly spoken, but I will here add that in general surgery I have observed nausea and vomiting to follow more constantly, and be more persistent, when ether has been given slowly, than when the minimum dose was administered. Though my opportunities for making observations in abdominal surgery have necessarily been more limited, I have here been led to the same conclusions, as those derived from other operations.

The constriction of tissues within a ligature is credited with causing nausea and vomiting; when adhesions are numerous and are dealt with in that way, the probability of exciting reflex nervous action, is to that degree increased. Mr. Tait, who depends largely upon dry sponging to control hemorrhage from pelvic adhesions, never using a ligature unless absolutely necessary, says that nausea and vomiting are rarely troublesome complications of his later laparotomies. May we not, therefore, question whether the ligature is not applied with unnecessary frequency to abdominal adhesions? Dry sponging, and a more frequent use of the actual cautery, would lessen the number of ligatures necessary to control hemorrhage; and if these are a cause of nausea and vomiting, would it not be well, when possible, to use other means to accomplish the same end.

In the removal of uterine fibroids, and in amputation of the uterus itself, Mr. Baker Brown, and more recently Dr. Keith, have demonstrated that the power of the actual cautery to control hemorrhage may be depended upon. The vessels cut in the former operation, especially those which enter into the pedicle, are large, but generally have little contractile power, the blood therefore flows, rather than spurts from. In consequence the eschar has not so much force to resist as from the same sized vessel in other neoplasms.

In a recent laparotomy for the removal of a subserous fibroid, I had an opportunity to test the power of the cautery to control the character of hemorrhage of which I have spoken. I tied the pedicle, which was short and thick, with a Staffordshire knot, intending to close it over with peritoneum; but almost immediately after cutting off the tumor, the pedicle retracted, leaving a depression in the uterus, from the base of which

two large arteries poured out an alarming quantity of blood. It was impossible to ligate the vessels, and any attempt to close the uterine wound resulted in more laceration and increased hemorrhage. I applied the Pacquelin cautery, producing a large eschar, with the effect of promptly controlling the hemorrhage. The case progressed uninterruptedly to a perfect cure.

Frequent sips of hot water seem not only to prevent but to relieve nausea. When there is constant vomiting it may be well to administer large quantities of water and produce very copious emesis, to relieve the irritation of the continued fruitless contractions of the stomach. I have never seen any advantage from an admixture of brandy with the hot water.

The remedies given are numerous. I think I have had the best results from a two per cent. solution of cocaine. Sometimes nausea will persist until the clamp is loosened, or the deep abdominal stitches removed. The truth is, nausea and vomiting are among the *bete noirs* of abdominal surgery, and every case that proves obstinate to treatment must be studied individually, and step by step of the operation reviewed, to if possible ascertain the causes of the gastric disturbance.

We now come to the question of using morphine after a laparotomy. In the early days of abdominal surgery it formed a constant part of the treatment; the most successful operators now use it sparingly, and never unless the necessity for quiet and sleep are urgent. The general depressing effect of this salt has led to its present restricted use; the wisdom of the change in practice cannot be doubted. I have not found that patients generally suffer acutely after they have fully recovered from the anæsthetic. Their suffering is more from nervous depression, and calls for a stimulant rather than for a depressant. If any narcotic is necessary opium will answer a better purpose than morphine in abdominal surgery. Aconite and hypericum, or the latter alone, will relieve pain and quiet the nervous system. After no operation do my patients receive morphine, if they can possibly get along without it, and they frequently do get along without, it by careful nursing and the use of *aconite* and *hypericum*. I do not wish to oppose myself unconditionally to the use of morphine in abdominal surgery; it is one of the greatest remedies that our materia medica contains; but in proportion as it is of use it may be most harmful when indiscriminately given. Because a person has undergone a severe operation is not a sufficient excuse for giving morphine. When they begin to suffer, and when they require quieting will be early enough to administer narcotics.

In this very brief consideration of the before and after treatment of laparotomy I have made no attempt to cover even the simple cases of abdominal section. The complicated cases, and we know how frequently these occur, must be met by all the skill and experience that the operator can summon; and notwithstanding these, and without apparent reason, the result is sometimes failure. No branch of surgery is more taxing upon the surgeon, none more unjustly criticised by laymen, and in none should there exist more professional charity. How the young operator needs assistance, and that assistance can come only as the counsel of those of riper experience; and all need encouragement.

A CLINICAL REMINISCENCE OF A CASE OF ADDEPHAGIA, WITH FATTY LIVER; ENLARGEMENT OF THE STOMACH; EXCESSIVE BODY-WASTING; GLYCOSURIA; DOUBLE PNEUMONIA; DEATH; THE STRASBURG GOOSE-LIVER HYPERTROPHY.*

BY FRANK A. ROCKWITH, M. D.,
EAST SAGINAW, MICH.

IN 1863 the Saginaw Valley farmers of Michigan were still pioneers in every sense of the word; that is, first settlers of a border state. Ague was the prevailing sickness. Indian meal, potatoes and pork-fat constituted the regular fare of diet. Horace Greeley has been credited with the saying that the eastern shores of Michigan were only fit for muskrats and Frenchmen to live in. But if it required the muskrat hunting voyageur of Bas Canada to explore the Michigan Peninsula, it took the Irish, Scotch and German farmers to give the lie to the great Horace's slur, as to its fertility and true healthfulness when once no longer in that primitive state of existence in which only Canadian half-breeds can flourish. Upon a certain quartersection of land, bordering on the Tittabawassee river there lived a well-to-do Irish family whose youngest born, a boy of sixteen years of age, became to me the subject of a very interesting clinical study.

These Irish settlers were a hardy lot of large, rawboned, but finely-proportioned people. They knew of no other ills but those curable by quinine,

* I have purposely selected a clinical title which is based entirely upon the subjectivity of the symptom-complex, for the reason that voracious appetite presented the most characteristic features in this case. And that though the objective enlargement of the liver and stomach were readily discernible yet, as liver hypertrophy as well as all the other varieties of liver complaint having enlargement for their manifest condition are rarely accompanied by the subjective character of bulimia or canine hunger.

calomel and epsom salts, together with, perhaps, an occasional dose of their favorite *hiera picra*, the *pulvis aloës cum canella* of the pharmacopœas.

Jimmy, my cliniatric subject, was a tall lank lazy sot (so it was thought), for he no longer ate his victuals like other decent boys; nay, he ate "like a hired man in haying time," only that the more he ate the less he gained and the more indolent he became. When not eating or drinking he slept an anaconda-like sleep, only to awaken with a drenching perspiration, ready for a new food supply.

When the daily rations had reached six loaves of bread, unmeasured quantities of pork and potatoes, uncounted dozens of raw eggs, milk by the gallon fresh from the milking, together with equally incredible amounts of well-water, it was thought proper to consult a doctor in the town ten miles near at hand. A series of surgical successes in the surrounding lumber woods had marked me out as the æsculapian demi-god for this case. Jimmy was placed in my care and under my wonder-promising treatment. There had been no doubt in the mind of his parents that "tape-worm or some other voracious critter was inhabiting his inerts." To rid him of this was thought but an easy matter.

It required but a few days to fully comprehend the pathological processes underlying this *Bulimia* or, as I have preferred above this, *Addephagi*, a disease mentioned even at that time in but few books and which latter-day authors have utterly expunged from the list of diseases because of the more enlightened views upon the semeiology and pathology now prevailing.*

But as I write almost altogether from memory, having at the time not gone beyond a well-intentioned attempt to keep a written record of the case, and of which a few notes of the first interview and of the subsequent post-mortem obduction is all that is left me at this time, I am forced to observe the tone of a recital rather than that of a precise sharp-angled clinical record. My subject, Jimmy Russel was tall above his age, pitifully lean, ill-complexioned and of almost addisonian hue, foul smelling, of slow and weary gait—but not at all unintelligent, on the contrary, his persistent Irish mother-wit did atone for many of his other ill-conditioned characteristics. His abdomen was pouch-like, hard and distented after eating; flabby, relaxed and pendulous after defecation. Excrements were normal in quantity and appearance. Micturition every 10 to 15 minutes, rarely beyond a half hour. The urine was overloaded with glycogenic and margaric waste products, whose cholesterine and other bile pigments pointed sustainingly to a primary hepatic origin of the subjective phenomena—the addephagia.

Thirst was constant and excessive, for he consumed on an average five gallons of well-water *per diem et noctem*. (In fact he constantly carried about with him a half-gallon jug filled with cold well-water.)

He complained of no pains nor of headaches. No mental aberations, no hallucinations nor deliriums, nay, not even dreams troubled him; only uncontrollable sleepiness after eating. His lungs were clear, but respiration labored; pulse slow—low and intermittent. No vomiting, nor nausea whatever; no hemorrhages of any kind had preceded his first taking down. This state of affairs, it was said, had existed for well-nigh two years. The patient had been placed with me in board the better to enable me to study his case and to do for him. An estimated amount of food had been furnished me as a sort of retainer fee. But to my story: It being mid-winter, I had hanging in my woodhouse, according to the fashion and necessities of those times, a half side of a yearling ox, two recently killed deer, and perhaps a brace of ruffled grouse. (For in those days and regions, the rifle constituted a very necessary companion to saddle-bag and scalpel case. The first would bring meat, the latter two not always money.)

Sub-cellars were unknown to the carpenter-architects in the shanty town in which I lived. Only surface cellars, built up log-house fashion, covered with clay and overtopped with sod, here the other stores requiring protection from the long winter frost peculiar to the latitudes of 43 and 44 North were kept. The rest of all that was eatable was securely stored under guard of wife and servant-women, in the kitchen pantry.

Thus it seemed that nothing was obtainable save that which was handed him well cooked and duly measured, as well as at regular intervals.

And yet, not many days had passed before it became painfully apparent to all the household that beef, venison and apples were diminishing at an unaccountable rate; until one day when we detected Jimmy devouring some Indian meal boluses, set aside for turkey stuffing, with a deficit of nearly five pounds, more or less. Soon afterwards he was caught tearing the raw beef and venison in strips from the carcass hanging in the woodhouse and devouring them in the most rafinesque style of the macaroni eaters of sunny Italy.

* In Robert Thomas' "Modern Practice of Physic," 11th edit. 1853, not by any means an obscure work in 1863—there occur three pages of very interesting matter upon canine appetite or bulimia.

Raw turnips and apples were equally satisfactory to him; it mattered not which so long as he could keep his masseters in action.

Such and much more were the pilferings of this youthful gourmand.

That the excuse of a *diagnosis in faustis* should lead me to return my patient to his own home at a far earlier day than was at first intended, needs certainly no justifying apology here. After which a month had barely passed by when I was summoned with the words that Jimmy was very sick "with a cold on his lungs," and that, having given him all the remedies at their command, they thought it best that I should come on to see him. When I arrived I found him already dead, having been sick but five days. No difficulty was encountered for obtaining general consent for a post-mortem examination of his remains; in fact, such had been desired long before this unexpected demise of our patient by most of the members of his family.

The obduction was performed next day by myself and another physician, now long since deceased. The section was confined exclusively to the middle and inferior portions of the trunk, and (with perhaps an unjustifiable haste) to the *atria mortis* only. Fragmentary and undeniably superficial as these minutes show themselves to be, they are, however, sufficiently decisive to warrant the diagnosis specified at the head of this paper—namely, heart: pale, soft and not over large; clot in pulmonary artery; lungs: hyperæmic in the upper halves of both lobes, extensive infarctions in both lower halves of the lungs, with here and there gangrenous plaques upon the convex surfaces of either lobe. Stomach: excessively large, filling up the entire abdomen as far as the bladder; posterior walls thickened and discolored by hypostatic congestion; anterior wall thin, excessively dilated, almost transparent; *pylorus* thickened, *ostium ventriculi duodenale* stegnosed, without having, however, the character of a scirrhus. Stomach empty of food, containing only post-mortem fluids.

Liver monstrously large, smooth, pale yellow, edges rounded and thick, soft as butter, bloodless; gallcyst very small, empty, shrivelled. Spleen small, shrivelled, fatty, pale yellow in plaques. Intestines empty, distended. Portal vessels stagnant with black blood of fluid consistence, vascular coats soft, breaking up easily. Kidneys apparently normal in size and shape, discolored; am unable to say whether due to hypostasis or hæmorrhagic infarction. No blood extravasation in the tubules, nor effusion in renal pelvis.

CONCURRENT SEQUEL.

I have already intimated that when Jimmy came to my house I was engaged in fattening some turkeys; a proceeding ventured upon in imitation of the processes by which the Strasburg goose-liver hypertrophy is brought about. But without desiring any undue development in the livers of my birds, I hoped at least to fatten them in the general way. This was done by merely stuffing them four or five times a day with dried cone-shaped boluses prepared from boiled Indian meal and wheat flower; but instead as in the case of the Strasburg geese, which are held in close confinement before fires or in rooms of high temperature, I allowed my birds exercise and outdoor air.

Three out of four did well beyond expectation, but the fourth failed, became drowsy and disinclined to rove about, losing flesh rapidly and finally died,

Upon dissection he presented me with a liver at least eight times as large as in any of the others. Of clear yellow, butter-like appearance, soft, bloodless, fatty to positive unctiousness, devoid of all but a rudimentary gallcyst. There was total emaciation. The rest of the other viscera exhibited only a general poverty in blood supply. The lungs, however, were of dark blue color, heavy and hepatized.

Characteristic yet was the rank exceedingly acid smell emitted by the liver when cut in upon. All the integuments as well as viscera were of the same yellow color as the liver.

PEROXIDE OF HYDROGEN IN THE TREATMENT OF ABSCESS.*

BY GEORGE ALLEN, M. D., WATERVILLE, N. Y.

PEROXIDE of *Hydrogen, Hydrogen Dioxide, Oxygenated Water*, H_2O_2; such are the chemical names for the substance to which your attention is directed in the present paper. In the pure state it is "a colorless, syrupy liquid," having a disagreeable metallic taste, slightly caustic properties, and possessing the power of bleaching the tissues with which it comes in contact. The various bleaching agents used to convert brunettes into blondes are dilute solutions of oxygenated water.† "In the pure state it is very unstable and decomposes at ordinary temperatures;" diluted with water, however, it is comparatively stable and may be boiled or even distilled without suffering decomposition."

* Read before the Homœopathic Medical Society of the State of New York, September 1887.

† Witthaus Medical Chemistry, pp. 67 and 68.

Hydrogen Peroxide was discovered by Thenard, in 1818, and has been used in the arts since that time; it is only within a few years, however, that it has been used in medicine.

Phillips* says it has a marked antiseptic power and quotes *Guttman*, to the effect that urine mixed with one-tenth of *peroxide* remained nine months without putrifaction. A recent writer in the *Medical Record*† says of *hydrogen peroxide*: "Recent investigations seem to establish its claim as one of the most potent destroyers of bacterial life. Careful comparative tests prove it to be sixty times as powerful as carbolic acid, twenty times as strong as salicylic acid, and forty per cent. more potent than the solution of the bi-chloride of mercury." The writer still further says "that extraordinary as this may seem, experiments place it beyond a doubt." Nothnagel & Rossbach‡ affirm: "that the secretions from chancres and buboes lose their infecting power in the presence of hydrogen peroxide in somewhat large quantities." The action of this agent on pus is remarkable. If a few drops of a ten per cent. solution be brought into contact with pus a brick effervescence ensues, which continues until all the pus is completely destroyed. The same action occurs in the presence of yeast, various ferments, freshly drawn blood and diphtheritic membrane. The effervesence noticed is due to the decomposition of the *hydrogen dioxide* and the yielding up of an equivalent of oxygen. This equivalent of newly liberated oxygen being in the "nâscent state" posesses more active properties than usual, and rapidly oxidizes the organic substances with which it comes in contact, thus destroying pus, bacteria, fungi, etc. To this powerful oxidizing property, therefore, is due, doubtless, its great efficiency as an antiseptic. Its uses thus far have been directed to the cleansing of foul ulcers, and to a limited extent in ottorrhea, purulent and diphtheritic ophthalmia and gonorrhœa, also as a local application in diphtheria. Dr. C. F. Sterling,§ in a paper before this society in February, 1885, spoke of the value of this agent in purulent inflammations of the middle ear. My own attention was called to its use by Dr. H. M. Paine, the honored president of this society, from whom I received the first specimen for use. This was an aqueous solution of "ten volumes" containing 2.1 per cent. of H_2O_2, and in my practice has been still further diluted before using by the addition of twice its bulk of water, making a strength of about one to three of a ten volume solution. Dr. Paine writes concerning it: "I always use it at first, in every case of ulceration. When the secretion of pus ceases I usually change for some other remedy—frequently iodoform, hence I cannot report as to its positive effects." My object in this paper is to speak of the very great value of this agent in the treatment of abcesses of every sort. I have used it as follows: After opening an abcess and allowing the pus to escape, the pus cavity is filled with a solution of the *peroxide of hydrogen*, from a syringe. A brisk effervesence ensues as the fluid escapes and this continues till all the pus is destroyed. No pain is experienced from its use in this strength. The result in my cases was that the secretion of pus diminished rapidly from the first application of the remedy—the pus cavity in every case closed with corresponding rapidity, so that a large abcess whose closure, by ordinary treatment, would be a matter of weeks, was brought to a termination in a few days. The following cases are illustrative of its action:

CASE I.—Phlegmonous erysipelas of both legs. An abcess formed in each leg, which discharged on opening about a coffee cup of thin, dark, sanious pus. The abcess which first appeared was washed out with a solution of *bromine* for two days, but the secretion of pus continued to be profuse and the cavity remained of the same size. The *bromine* was then discontinued and a solution of *peroxide of hydrogen* substituted. After the first injection there was scarcely any further secretion of pus, and though the cavity was washed out daily with the peroxide solution, it rapidly diminished in size and was practically closed within a week.

CASE II.—Was on the other leg of the same patient. The peroxide solution was used as soon as the abcess was opened. The result was equally rapid and satisfactory as in the first case. These abcesses occurred in an alcoholic patient, one of that class of cases in which there usually occurs a considerable sloughing of cellular tissue and whose progress is apt to be slow and tedious. Under use of the *peroxide of hydrogen* there was no sloughing of cellular tissue whatever, and the progress of the cure was neither slow nor tedious, but on the contrary was very rapid and highly satisfactory.

CASE III.—Was a large pelvic abcess, located in the left side of the pelvic cavity. From this location the pus burrowed among the tissues of the abdominal parieties and found exit in the right lumbar region near the back. The sinus which connected the abcess with

*Materia Medica, Vol. I., p. 76. Woods Ed.
†J. Mount Blyer, in *Med. Rec.*, Aug. 13, 1887.
‡*Med. Record*, Vol. I., page 310. Nothnagel & Rossbach.
§Trans. of the Hom. Med. Soc. of State of N. Y., Vol. XV., p. 218.

the opening of exit was about twelve inches long. A rubber drainage tube was introduced through the sinus, and the abcess washed out daily with a solution of *peroxide of hydrogen* followed by one of carbolic acid. This case was an unusually bad one to manage, on account of the great length of the sinus through which the abcess discharged. Under the treatment pursued, however, the pus, from having been horribly offensive, lost its offensive character, and in a few days became entirely laudable and greatly diminished in quantity; the constitutional symptoms, which had been alarming, disappeared, and the abcess closed in a much shorter time than it has been my lot to witness in other similar cases. To be sure carbolic acid was used in this case, but never have I seen carbolic acid produce such marked and rapid changes as were seen in this case, so that it seems reasonable to attribute the results obtained to the use of *peroxide of hydroyen*, especially as these results were entirely in harmony with those obtained by the use of this agent in other similar cases.

CASE IV.—This case is one which I am enabled to report through the kindness of a brother practitioner,* and as the peroxide was the only agent used the case is all the more valuable as illustrating the positive effects of the drug.

P. M., a male aged 20 years had a large abcess extending from the clavicle on the right side downward as low as the tenth or eleventh rib—apparently lying under the pectoralis major muscle and over the serratus magnus anticus and external oblique abdominis. Free incision was made and gave exit to from sixteen to twenty ounces of pus, estimated. An oakum pad was applied, as the only dressing. Two days later a solution of *peroxide of hydrogen* (10 vols.) diluted with water in the proportion of one drachm to twelve ounces (about 1 to 100) was injected into the abcess from a fountain syringe there was no difficulty in injecting about eight ounces of the solution at this time. Two days later, only one ounce of a similar solution could be injected. This peroxide solution was used only four times at intervals of about two days, and was the only fluid injected. At the end of this time the abcess had healed and the opening closed.

This case occurred in an anæmic poorly nourished subject, phthisically inclined, and was a very unpromising case so far as the expectation of a speedy recovery was concerned. The solution used was very dilute, but the results were none the less prompt and satisfactory. I have also used the peroxide solution as an application to lacerated wounds and ulcerated surfaces, where suppuration was profuse; with the result in every case of diminishing the suppuration and promoting the healing process. Dr. Paine speaks of its value in ulcerations and abrasions of the *os uteri*. From the foregoing, therefore, I am led to conclude that in the *peroxide of hydrogen* we possess an agent of great value for the treatment of suppurative processes of every kind and particularly for the treatment of abcesses.

* Dr. C. Wilson, Waterville, N. Y.

Suture of the Ulnar Nerve.—The nerve had been injured by the cut of an axe over the elbow. The wound healed, but pain and an inability to use the arm remained. The arm was semi-flexed and fixed, with great pain on attempting to straighten it. No sensation in parts supplied by ulnar nerve; muscles on ulnar side of arm wasted. On cutting down on the nerve the upper end was found to be bulbous and the lower atrophied; both were imbedded in scar tissue. The ends were separated by an interval of an inch. The nerve was dissected out, the ends freshened and brought together with a continuous suture of fine catgut, and the wound closed. Next day there was some sensation in the little finger. The wound healed promptly, general and tactile sensation returned to a good condition, but motion was deficient. Six months after the operation he was engaged in lumbering, was fast recovering the use of his arm, the only complaint being a slight burning pain over the little finger. In order to get a good result in these cases the wound should unite by first intention, and the newly-united nerve should not be subject to any tension. The rapid return of sensation after suturing was an interesting point. Surmay reports a somewhat similar case.

Common Errors in the Treatment of Skin Diseases.—Dr. George H. Fox, of New York, read a paper on this subject before the Montreal Medico-Chirurgical Society. The great error made by practitioners in treating skin diseases, he said, is failure to treat the patient; the disease is treated, not the patient. He considered attention to diet as most important. There should be a radical change, both in the quantity and quality of the food. A dietary should be given the patient. The majority of the patients improve on starvation diet. He advised his patient to increase the quantity of fluids, and decrease the solids; to eat less and exercise more. He gets the best therapeutical results from a vegetable diet in the treatment of inflammatory skin diseases; a meat diet congests the skin, a vegetable diet lessens congestion. He is in the habit of restricting meat in winter, and forbidding it in summer. In giving directions to patients, it is better to tell them exactly what to eat, instead of what to avoid. Water should be taken sparingly with meals, and in quantity after meals. Of local applications, very few are needed. Arsenic, Dr. Fox said, is used too much by general practitioners in the treatment of skin diseases, and is a much overrated remedy.

A Boon to the Diabetic.—Fraser & Co., 208 Fifth avenue, prepare a tablet from *saccharine* which is equivalent in its sweetning properties to a teaspoon of sugar. In all cases where sugar is inadmissible this new chemical will be much sought after.

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The rallying motto of a Sectarian name is incapable of exciting to sober, calm, scientific investigation; it only rouses the explosive spirit of accusations of heresy to a fierce, volcanic flame.—HAHNEMANN.

NEW YORK, NOVEMBER, 1887.

THE CRIMINAL INSANE.

THE necessity for an asylum for the criminal insane in this State has become so manifest that the Legislature at its last session appropriated $300,000 for such a purpose. The commissioners have located the new institution in Fishkill, about three-quarters of a mile north of Fishkill Landing. Two hundred and fifty acres have been purchased of good farming land for twenty-five thousand dollars. The site is a very commanding one, with extensive views of the Hudson from Poughkeepsie to West Point, and of a large range of country on all sides. In the hands of able scientists the new institution will be enabled to bring valuable aid to the lawmaker and the jurists by casting the light of careful observation upon the all important question of crime, so that rules can be formulated to differentiate to a certain extent between crime as the result of a perverted moral nature and as the outgrowth of defective physical organization arising from some heriditary cause, from improper care in childhood, or from some accident, for neither of which is the individual responsible, but for which he has to pay the penalty. The cases are by no means rare where persons judged by the ordinary standards, are perfectly sane and entirely responsible for every act, and yet from defective physical organization they have not the moral power to keep out of crime, but pass rapidly from the commission of one crime to another, and from one term of imprisonment to another. When science has once determined some rule which will separate the two classes, opening the doors of reformation to one, through the prompt administration of the law, and protecting society by shutting up the others in asylums when it is found that they have become dangerous elements of society, and have not the moral power of keeping out of crime, a long step will be taken in the direction leading to a better understanding of the cause of crime and a more just and equal protection of society.

A wide field will be open in the new asylum, in brain dissections and microscopic investigation of brain tissues, in the careful study of the peculiarities and habits of the individual, the action of sets of muscles, the play of emotions, and the conditions of each and every part of the human system to solve to a certain extent the great problem of individual responsibility, which interests alike the statesman, the theologian and the physician, and to which the attention of some of the ablest mental scientists in the world is now being directed. New York in this movement has shown an enlightened statesmanship worthy of all praise.

THE CHATAUQUA SYSTEM OF EDUCATION has undoubtedly been productive of great good by following from day to day a specified course of reading. The student learns to read understandingly and to group together and utilize the facts obtained in his daily studies. In process of time even the ordinary intellect must expand and strengthen under this course of study and mental discipline. A thoughtful physician proposes a similar system for the medical profession. There is so much literature abroad in the world written not to impart any new information, but to keep a name before the public and to bolster up private reputation, that the thoughtful student who has neither time nor money to spare would gladly avail himself of the suggestion of experts in the various departments of medicine in aiding him in the selection of literature, which he could read and study with profit.

SHOULD DOCTORS BE PAID FOR PREVENTING RATHER THAN FOR CURING DISEASES?

AT THE last annual meeting of the American Medical Association, William Hutchinson, A. M., M. D., lecturer on hygiene, Iowa College of Physicians and Surgeons, read an exhaustive paper on this subject. The following extracts from the paper are copied from the *Canada Health Journal*, which, in connection therewith, expresses itself strongly in favor of "a complete change in the practice of medicine." Dr. Hutchinson said: Is the system of making a physician's income from a family or community depend solely upon the amount of sickness occurring in it, the best that can be devised for the mutual interests of both parties concerned? Such practically is our system. Its philosophy might be condensed in the motto, "millions for cure, but not one cent for prevention." It seems to me that the weakness of our present system lies in this one fact, that it gives us such an extremely limited opportunity for what has been well called the practice of preventive medicine. No one thinks of consulting us until they at least "feel unwell," and in many instances not until days, or even weeks, of precious time have been wasted or worse, in trying to "wear the trouble off," or in blindly applying every crude remedy which household experience, patent quackery, or superstition can suggest; all because they are "not sick enough to call a doctor"—in other words, don't feel uncomfortable enough to be willing to pay more than the price of a bottle of patent medicine for relief. Would not a system of constant medical attendance, remunerated alike in sickness and in health, enabling us to give advice or treatment just when we see it is needed, even if unasked, and rendering professional counsel, not only in disease, but in health, the first thought, the easiest and most natural thing, the rule instead of the exception; would not such a scheme as this, if practicable, most happily modify the condition of affairs and prove a long step toward securing the health and happiness of the race?

The plan which I would respectfully submit is briefly as follows: that at the beginning of the calendar year each individual or family should engage his or their medical attendant for the next twelve months, agreeing to pay him a specified annual salary in advance, either in full or in quarterly or monthly instalments. The physician on his part should agree to render any and all professonal services required, except operations or manipulations requiring the skill and training of a specialist, for the annual consideration specified, which might readily be fixed according to some rate *per capita* or *per familiam* laid down in the fee bill. The physician should further agree, in consideration of the sum specified, to make an annual or semi-annual inspection of the sanitary condition of the house and premises of his client, and to offer such suggestions as he saw fit in regard to the diet or habits of life of himself or his family—in short, to act as a general adviser on all matters of hygiene or therapeutics. The system might briefly, and perhaps not inaptly, be described as a scheme of "health insurance." What are the advantages which seem to be presented by this plan? In the first place, our patients would have no inducement whatever to delay consulting us; in fact, moved by a not unnatural desire to get their money's worth out of us, they would probably hasten to do so at the earliest appearance of discomfort or danger, and thus give us full control of the case at that period in which a "stitch" properly taken saves, not "nine," but "ninety and nine." We should have every opportunity to abate or favorably modify the attack, and it needs no words from me to point out to you the inestimable value of this vantage-ground. Later, during the progress of the case, there would not be the slightest danger of any objection to the frequency of our visits; on the contrary, the difficulty would lie in exactly the opposite direction, and would constitute the principal drawback of the system. * * *

Now, just a word on the drawbacks of the scheme, though it is probably a subject which might safely be left to those who are to follow me. No doubt the objection which is already uppermost in the minds of most of you is the enormous and unreasonable demands on our time which would be made by some of our patients under this system. * * * In the first place when entering

upon the agreement we should give our patients to clearly understand that they were engaging us, not to be simply medicine-carriers, or visit-makers, but to advise them to the very best of our judgment, and that the question of the necessity of the visit must be left largely to our discretion. Then the tenure of our professional position being so much more secure, we shall be able to treat these unreasonable cases on a much more rational basis. * * *

But perhaps the most practicable objection would be based on the probable unwillingness of the laity to pay any sum in advance for services which they are not even sure they are going to need; but even this objection loses some of its force when we consider the almost innumerable number of lodges, guilds and benefit associations into which not only the educated, but even the most unintelligent classes are forming themselves for just this kind of mutual protection. When we further consider that scarcely fifty years ago life insurance was regarded as not only absurd and impracticable, but even impious, while now men of every condition are willingly paying from ten dollars to one thousand dollars a year, solely for life insurance, it would scarcely seem improbable that their education up to the point of paying the comparatively trifling sum necessary for "health insurance" would simply be a matter of months or years.

Dr. Hutchinson concludes with some statistics from practitioners' ledgers to show an approximation as to what would be a fair remuneration for the different sizes and classes of families to pay to the physician.

THE GEOGRAPHICAL DISTRIBUTION OF CONSUMPTION.

SOME STRIKING facts regarding the prevalence of pulmonary phthisis are contained in the third volume of Hirsch's great work, "A Hand-Book of Geographical and Historical Pathology," lately published by the New Sydenham Society. The following remarks upon the subject, which we find credited to the *British Medical Journal* in one of our Canadian exchanges, will be read with interest. A summary of results shows that the average number of deaths from phthisis is about 3 per 1,000, or nearly one-seventh of the total mortality:

The first fact which comes out clearly from Professor Hirsch's tabulated data is the relatively large mortality from phthisis in the large centers of population. Thus Vienna has a death-rate from this cause of 7.7 per 1,000, or more than twice the general average. Pesth is credited with 6.9 per 1,000; Brussels with 5.6; Stockholm with 4.1; Munich and Glasgow with 4; Berlin and Dresden with 3.8. In the smaller towns the rate sinks to 3 or 2.5 per 1,000, and in rural districts the mortality is still less.

Many facts are at hand to show that an increased liability to phthisis goes *pari passu* with rapid growth of population, and especially with the massing together of large bodies of workers engaged in arts and manufactures.

It will be a great surprise to many people to learn that the death-rate from phthisis is as high in sunny Italy as in foggy England. Those who hold the old-fashioned notion that damp and cold are the main causes of phthisis will be puzzled to account for the almost complete immunity enjoyed by the inhabitants of the Hebrides and the Faroe Islands. Latitude is not, however, without a distinct influence, both upon the prevalence and the type of phthisis. The disease becomes rarer as we approach the poles, and is extremely infrequent within the limits of the Arctic and Antarctic Circles. In the tropics the disease does not conform to the ordinary chronic form familiar to medical observers in this country, but in the brevity and severity of its course approximates rather to acute tuberculosis.

While the influence of latitude is comparatively slight, irregular, and apt to be counteracted by other conditions, that of altitude is most potent. Among the higher Alps, the Andes, the elevated plateau of Mexico, Persia and South Africa, we approximate, though probably never quite attain to, conditions of absolute immunity. In India the disease is tolerably common, and very pernicious on the lowlands, while it is extremely rare upon the upper slopes of the Himalayas, the Ghauts, and the Nilghiris. At Bogota and Quito, in spite of the aggregation of large populations, the disease is excessively rare, and is practically limited to settlers from the lowlands, or from other countries. Even at Potosi, among a population engaged in mining, and amidst conditions of very imperfect hygiene, phthisis can scarcely gain a footing. It is thus evident that the protective influence of high altitudes suffices to counteract other forces which usually occasion a widespread prevalence of the disease. The extremely

low mortality from phthisis in Switzerland—namely, 1.86 per 1,000—is explained by the fact that so large a proportion of the people reside at a considerable altitude above the sea-level, although the sparseness of the population, no doubt, also operates in the same direction.

The incidence of phthisis in the Australasian colonies is of much interest, in view of their popularity as refuges for the consumptive. The large towns of Australia have now a death-rate from phthisis of over 2 per 1,000, and present few advantages to the phthisical sufferer over his own country. On the other hand, the large inland plains of Australia are almost exempt from phthisis, and constitute a genuine sanatorium.

Professor Hirsch's conclusions may be thus briefly summed up. Phthisis is everywhere prevalent, but it is rare in polar regions, and rarer still at high altitudes. The main factor in its production is overcrowding and bad hygiene. Heat and cold *per se* have no influence. Damp, when conjoined with frequent oscillations of temperature, predisposes to the disease; but humidity of the air is less important than dampness of the soil. Occupation is extremely important, but mainly indirectly, as tending to good or bad hygienic conditions.

THE MILLENIUM IN MEDICINE.

DR. I. N. LOVE, of St. Louis, in his presidential address re-echoes our own sentiments when he says:

"May we not hope that sooner or later the millenium of the profession will have arrived when there will be no branches, no sects, no dogmas, but all will be satisfied to train under the banner of the grand old profession, which is broad enough and generous enough to permit its devotees to select any remedy they please, in any dose they please, according to any theory they please, and only commands them to serve humanity and work generously for the good of the profession under no other name than that of "Physician." I am strongly of the opinion that the decline of homœopathy and other "isms" in the profession which is now well under way is largely due to the dignified ignoring of them on the part of the regular profession during these latter years.

"Evidences of their diminishment and eventual absorption by the parent body are upon all sides, among which may be mentioned the renouncement and denouncement on the part of their leading medical journals and practitioners of their infinitesimal theories, and the relinquishment of labels or terms suggestive of creed or dogma.

"In the city of St. Louis at this time there can hardly be found a half dozen practitioners presenting tangible evidence of any peculiar tenet or article of faith.

"Apropos to the points here made I remember a remark offered nearly twenty years ago by the late Dr. Jno. T. Hodgen, in response to an extravagant denunciation of homœopathy, to this effect. Life is too short to indulge in the arraignment and condemnation of all those who do not happen to look at things as we do. Hahnemann's ideas were mostly absurd, it is true, from the standpoint of logic and common sense, but that they have accomplished much good in having rendered our medication less heroic, and in having taught us to rely more upon nature will be admitted. Had these notions been received silently or permitted to rest upon their merits, and the exponents of them not antagonized and persecuted they would have died 'a borning.'

"In marked contrast to this calm and thoughtful course of my preceptor was that of one of my earliest teachers in medicine who used to occupy a considerable part of his lecture hour in hurling anethemas and billingsgate at the heads of his erring homœopathic brethren.

"Let us not waste our time and talents in showing up the weakness of our fellows, let us be as charitably and kindly disposed toward our weary and worn co-workers as we are toward the idiosyncracies of our sick and suffering patients. Of all men doctors should be most lenient toward errors and blunders, for none know better than they how thoroughly matter has power over the mind which it environs. However, let us no longer carelessly accept the title of 'Allopaths' given us by our opponents, but announce if called upon, that we are 'physicians,' and that our title permits us to choose from the entire world of medicine any means or remedy that will help our patients. That we will weigh in the balance all that is presented to us and hold fast to that which is good.

"Let us then, one and all, determine to be considerate and tolerant of the rights of others, grant to every man the same privilege that we ask for ourselves, that of having an opinion and acting in accordance with it.

"Let us remember that all the quacks are not in the irregular ranks of the profession, and whether they be or not let us deal gently and kindly with them and win them over into the straight and narrow path of professional rectitude."

Of the medical colleges he says:

"Remove from the medical diploma its power as a license to practice, and the 'wild cat colleges' which live 'for revenue only' will cease to be.

"That we have too many medical colleges, good, bad and indifferent, I think all will admit, and it is to be hoped that there may be a 'boiling down' accomplished, whereby the scum and the dregs may be removed.

"At this time every city, great and small (and even many of the smaller towns) in the land has from one to a dozen medical colleges, many of them using every effort to inveigle into an already over-crowded profession raw material, fit or unfit, it matters not so the list of matriculants and graduates be large.

"To a very considerable degree the remedy lies in the hands of the body of the profession which is disconnected from, and which is the great feeder of medical colleges, in that its individuals are the original preceptors of the students. This large class, forming the great majority of the profession, should severely discriminate in taking students into their offices. They are the profession's protectors, and they should guard it against ignorance and moral obliquity."

Our colleague will please accept our best thanks for his complimentary allusion to ourselves, but we must correct him for calling THE TIMES a "homœopathic medical journal," the very thing we have disclaimed being for many years! We aspire to be *medical* only!

SALVATION BY TORTURE.

THE following remarkable performances are described by Mr. George N. Curzon, M. P., in the *Fortnightly Review* as having been witnessed by him during one of the celebrations of the Aissaouia, a sect of Mahommedan fanatics at Kairwan, a holy city of Northern Africa. After the devotees, under the influence of the preliminary services, consisting chiefly of drum-beating and convulsive dancing, had attained the requisite pitch of cataleptic inebriation, and the fully initiated among them had become *melboos* or possessed.

"From the crowd at the door a wild figure broke forth, tore off his upper clothing till he was naked to the waist, and, throwing away his fez, bared a head close-shaven save for one long and dishevelled lock that, springing from the scalp, fell over his forehead like some grisly and funereal plume. A long knife, somewhat resembling a cutlass, was handed to him by the Sheikh. Waving it wildly above his head and protruding the fore part of his figure, the fanatic brought it down blow after blow against his bared stomach, and drew it savagely to and fro against the unprotected skin. There showed the marks of a long and livid weal, but no blood spurted from the gash.

"The prowess or the piety of this ardent devotee proved extraordinarily contagious. In a few moments every part of the mosque was the scene of some novel and horrible rite of self-mutilation, performed by a fresh aspirant to the favor of Allah.

"Several long iron spits were produced and distributed. These formidable instruments were about two and one-half feet in length and sharply pointed, and they terminated at the handle in a circular wooden knob about the size of a large orange. There was great competition for these instruments of torture, which were used as follows: Poising one in the air, an Aissaoui would suddenly force the point into the flesh of his own shoulder in front just below the shoulder blade. Thus transfixed and holding the weapon aloft he strode swiftly up and down. Suddenly, at a signal, he fell on his knees, still forcing the point into his body and keeping the wooden head uppermost. Then there started up another disciple armed with big wooden mallet, and he, after a few preliminary taps, rising high on tiptoe with uplifted weapon, would, with an appalling yell, bring it down with all his force upon the wooden knob, driving the point home through the shoulder of his comrade. Blow succeeded blow, the victim wincing beneath the stroke, but utterng no sound, and fixing his eyes with a look of ineffable delight upon his torturer till the point was driven right through the shoulder and projected at the back. Then the patient marched backwards and forwards with the air and gait of a conquering hero. At one moment there were four of these semi-naked maniacs within a yard of my feet, transfixed and trembling, but beatified and triumphant.

"The most singular feature of all, and the one that almost defies belief, though it is none the less true, was this, that in no case did one drop of blood emerge from scar, or gash, or wound. This fact I observed most carefully.

"The case appeared to be one of self-induced hypnotism or mesmeric trance, the subject voluntarily surrendering all control of his own volition till he had attained the requisite pitch of mental hallucination and bodily anesthesia, when, under the influence of his surroundings, he repeated almost as mechanically as an automaton, the ex-

traordinary actions which I have described. If my impression is correct, they deserve not only to fill a space on the page of history, but to be admitted to the field of science. What facts attest theory cannot afford to despise."

Mr. Curzon might have added that the influence of ecstasy or enthusiasm in producing complete insensibility to bodily pain, as well as the most heroic courage, is shown throughout the whole history of religious persecution.

ONE MEAL A DAY AND NO MEAT.

THOSE WHO attribute most of the bodily ailments which afflict manknd to *overeating* will no doubt be strengthened in their belief by reading the following description (taken from an English magazine) of the dietary to which the monks of the Chartreuse of St. Hugh in Sussex are confined, and of its effects. It is that which was laid down by the founder of their order, eight hundred years ago, and is most strictly and exactly observed in every carthusian monastery throughout the world.

"A carthusian breakfast is a thing which has no existence, unless indeed you choose to call the meal he takes about the middle of the day by the name which it certainly deserves. * * * But if we allow him a breakfast there is no dinner. * * * Supper he has none, save a lump of bread. This one meal in the middle of the day (breakfast or dinner as you choose) is all the carthusian stomach can count upon as the means of its support. * * * It is simple enough, but good, wholesome, and nourishing." Down at the bottom of the vessel which contains it is a basin of vegetable soup, then over that a couple of poached eggs, next a bit of fish, two small red mullets to wit, lying side by side, and at the top a round open fruit tart. "Add to this a salad placed in a separate dish, a good hunk of light plain wholesome bread, and two small bottles of rather small beer, and there is the whole of the *cuisine* supplied by the good refectorian for the day." * * * But is meat never allowed? Here is another distinctive mark of the chartreuse. By a rule which allows of no exception, no carthusian monk can taste flesh meat from the day he joins the order to the day of his death. "If it should be a case of life and death, if the medical opinion should be that the patient cannot pull through his sickness without the nourishment of flesh diet, not even then is it allowed."

"Do the monks suffer in health or strength from this regulation? Not the least; for such a life as theirs flesh meat is unnecessary and often harmful. They live to a good old age. They are free from many a malady which arises from the use of flesh meat. They arise to their midnight office with a freshness which would be impossible if it were not for their wholesome abstinence."

THE TWO greater so-called schools in medicine seem to be failing entirely in their duties to each other and to the public! There has been and is now a regular system of boycott going on in both of them toward such of their associates as dare to have opinions respecting eithics at variance with what these schools choose to dogmatically lay down as guides in their relations with one another!

In practice the great majority of both these bodies are in substantial accord so far as the use of therapeutic means is concerned, that is to say, all assert their willingness to adopt that means which will best subserve the interests of their patients!

In the Old School class, many seem afraid to employ small doses, even when confident of their superiority, for fear of the homœopathic designation, and the homœopathic class fights shy of the large dose, even when absolutely called for, for fear that they may be termed allopaths! Both these sects are thus doing themselves and the public an injury, and all on account of the sectarian designation.

How much better it would be for both of these parties to come out honestly and squarely and admit that there are occasions when small doses would be best, and that there are other instances when the larger, even the largest, may be required, depending entirely upon the effects to be obtained, and the mode of selection will be easily admitted, as it will be determined also by the end desired. The Old School undoubtedly occupies the higher relative plane in the controversy by being free from sectarian designation, but still as a body it has a great responsibility at this juncture, and one that it should not shirk nor attempt to temporize with.

It is highly improper to use the expression "practising both ways," and if there were no sectarian designation there would be no opportunity to make such a statement!

A celebrated divine once said regarding the Christian science craze of which he was supposed to be a supporter, after criticising some of their methods remarked that he was not on the fence respecting it, but on both sides of the fence! In reply to the query of an auditor as to how a man could face both ways, he promptly replied that he "could look all around!"

So it should be respecting medicine, we ought to occupy a position in which we can *see all around*, and to do this successfully we must not be cramped but free to examine all things and to hold fast to such as are found to be unquestionably good!

ALMOST every scientist who has suffered from the effects of sea-sickness has formulated a theory and a remedy and however plausible the theory, the remedy, is in almost every instance a failure. The latest theory, and certainly a very plausible one, is that of Dr. W. S. Renna in the *Semarne Medicale*, who thinks the symptoms are caused by a partial paralysis of the vaso-motor nerves and the remedy in vaso-motor stimulants such as strychnia, atropia and caffein. Strychnia and atropia are given in combination one-seventieth grain of each in a hypodermic syringe of pepermint water. The dose of the strychnia may be increased and that of the atropia diminished as indicated. Children will bear from one-half to one-fourth the above dose, and one injection is generally all that is necessary, although when the trouble is severe, one can be taken night and morning. Caffein is combined with salicylate of soda in proportion of sixty grains of the former to forty-five of the latter dissolved in water sufficient to fill the hypodermic syringe about ten times. Dr. S. Renna says both of these prescriptions have in many instances been attended with marked success.

BIBLIOGRAPHICAL.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. Volume IX. Diseases of the Female Mammary Glands, by T. H. Billroth, M. D., and New Growths of the Uterus, by A. Gusserow, M. D. One hundred and five fine wood engravings. Edited by Egbert H. Grandin, M. D. New York, Wm. Wood & Co., 1887.

This volume contains two distinct works. The treatise on the mammary glands by the Vienna professor, Dr. Billroth, is what might be expected from the experience of one of the most prominent European surgeons and pathologists. Dr. Gusserow, the celebrated professor of gynecology and obstetrics in the University of Berlin brings to the discussion of the new growths of the uterus, which include uterine fibroids, polypi, adenomata, sarcoma, carcinoma and epithelioma the practical experience obtained as clinical teacher in one of the largest hospitals in the world. The complete volume is one of the best of the present series.

THE DIAGNOSIS AND TREATMENT of HÆMORRHOIDS WITH GENERAL RULES AS TO THE EXAMINATION OF RECTAL DISEASES. By Charles B. Kelsey, M. D. 1887. George S. Davis, publisher, Detroit, Mich.

This little monograph contains the practical experience of one of the most skillful and best known New York specialists in rectal disease, in the diagnosis and treatment of hæmorrhoids. The author discusses in a very clear and concise manner the different varieties of hæmorrhoids, their general and surgical treatment by ligature, injection and clamp. He says one great secret of success is an accurate diagnosis, and this can in all cases be made with but little pain or trouble if the patient is etherized and the whole rectum exposed. The book contains in a very small compass the information necessary to successfully treat an exceedingly painful trouble.

DIFFERENTIAL DIAGNOSIS. A manual of the comparative semeiology of the more important diseases. By F. de Haviland Hall, M.D. Third American edition, revised and enlarged. Edited by Frank Woodbury, M.D., Philadelphia. D. G. Brinton, publisher, 1887.

The author has prepared a very useful handbook, which includes those obscure conditions of disease where accurate diagnosis is difficult, but yet is not unfrequently of the utmost importance. The distinctive characteristics of diseases which in some stages closely resemble each other are given with such clearness as to render a correct diagnosis comparatively easy.

LESSONS IN GYNECOLOGY. By William Goodell, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, &c. Third Edition, Thoroughly Revised and Greatly Enlarged, with One Hundred and Twelve Illustrations; pp. 579, octavo. Philadelphia, D. G. Brinton, 1887.

This book is the natural outcome of the author's lectures in the University, with which he has long been connected as a teacher.

The work is practical, concisely written from a clinical standpoint, and a great improvement on the previous edition. The subjects are elaborated in such a manner as to make the characteristics appear so prominent that, from a diagnostic point of view, there is no superior. The author's standing in the profession is sufficient guarantee of the quality of the work.

INSANITY, ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT. A Manual for Students and Practitioners in Medicine. By E. C. Spitzka, M. D. New York, E. B. Treat, 771 Broadway, 1887. Price, $2.75.

In no department of our profession has there been greater advance made during the past two decades than in the di-

agnosis, cause and treatment of mental and nervous disturbances. These studies have enlisted the most vigorous thought and careful scientific experiments of some of the freshest and ablest minds in the medical world. Each year brings out new facts, which give us a clearer insight into the world of mind and the action ever going on between it and the natural elements through which it works. Dr. Spitzka has within the past few years rapidly come to the front as a bold and original investigator, a clear thinker, with the courage to express his convictions in unmistakable terms. The first edition of his work on insanity was liberally patronized by the legal profession, and is used as a text-book in many of the leading medical colleges. We know of no work on insanity in which so much original and valuable matter has been presented in so clear a manner and with so little of the tediousness often seen in scientific treatises as in this volume.

HOW TO STUDY MATERIA MEDICA. Three Lectures. By C. Wesselhœft, M D., Professor of Pathology and Therapeutics in Boston University School of Medicine. Boston, Otis Clapp & Son; pp. 27, octavo.

This brochure is said to contain a corrected and revised reprint from the *N. E. Medical Gazette* of several lectures delivered from time to time at the Boston University School of Medicine.

A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES. By E. Darwin Hudson, Jr., A.M., M.D., Professor of General Medicine and Diseases of the Chest in the New York Polyclinic, Physician to Bellevue Hospital, &c. New York, Wm. Wood & Co., 1887; pp. 150, octavo, with 93 Illustrations.

The author of this text-book passed from this life before he had finished the "preface" of his work, but his friend, upon whom this duty devolved, says the volume is the outcome of the author's needs as a teacher in the Polyclinic. Inspection of the text bears out the expectation of finding a work suited to post-graduate study, and hence it will be found of service to the practitioner, as well as to the undergraduate in medicine.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. Hering, M.D. Volume V.; pp. 552. Cundurango—Helonias Dioica. Philadelphia, Published by the Estate of Constantine Hering.

It is now several years since a volume of this stupendous work has made its appearance, and the friends of the late Dr. Hering will be glad to see that the results of his life-work are not to be lost to them. Drs. Raue, Knerr and Mohr still continue as the editors, and it is stated that the publication will be completed "by the Hering heirs." We hope this may be the case, for no more fitting monument could be erected to the memory of the author, and none that would be more acceptable to him.

There are many reasons why this undertaking should receive the support of the profession. 1st. Because the work will be of great use to all those who value symptomotology. 2d. In justice to its late author, who gave his very life-blood to its preparation. 3d. To enable his family to reap that reward which arduous painstaking labor should always bring.

The general schema of the text is so well-known that any description here seems unnecessary. All we need say is that the editors have carried out to the best of their ability the plans and methods of the lamented author. The Globe Printing House, of which Walter Hering is the head, has done the physical part with its accustomed good taste and ability.

Now let the profession show its appreciation by buying the book. and thus help a worthy cause and benefit themselves at the same time.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD. Perpetual. Boston and Providence.

This well-known, excellent and useful little book has taken time by the forelock as usual, and is before us.

P. Blakiston, Son & Co. issue their "Physicians' Visiting List" for 1888. The little volume has been for thirty-seven years before the public, and is yearly used by thousands of physicians.

The *Engineering and Building Record* is now the title of the paper hitherto known as the *Sanitary Engineer*, the old name being retained as a sub-title. On making this change it says editorially:

"We have decided to change the name of this journal to the title given in this issue. It is not intended to change the character of the paper. Our object is simply to convey by the first part of the name adopted the scope of the matter it regularly gives its readers."

Lea Brothers & Co. announce for November a new edition of "Gray's Anatomy," thoroughly revised with much additional matter and one hundred and thirteen new engravings, many of them original. A peculiar feature of the new edition will be the use of colors in illustration where they can be of service in enabling the eye to more readily follow the details of anatomical construction.

Messrs. Johnson & Johnson agents for papayotin or vegetable pepsin, inform us that it is not expensive as we stated in our article, but can be furnished at quite a moderate price.

CORRESPONDENCE.

ALCOHOL IN DIPHTHERIA.

"*Editors* NEW YORK MEDICAL TIMES:

"Your answer to Dr. Hawkes has interested me very much, especially your experience in diphtheritis. We have much of it here, and often badly neglected cases. I have had good success with all of them; but if your way should be better I would like to follow it. You will do me a great favor, therefore, if you will please inform me exactly what the small and repeated doses of alcohol are. Your statement is too indefinite. * * Respectfully,

"F. G. ŒHME, M. D."

ROSEBURG, OREGON, Sept. 24, 1887.

We take pleasure in replying to the request of our esteemed colleague. It is true that the suggestions we made for the use of alcohol in infectious diseases, in the communication to which our correspondent refers, were too meagre for practical use. Details, explicit and definite, were foreign to our purpose in that article, however, which was rather to formulate a statement of facts, as brief and concise as possible, and to leave the intelligent reader to make such application of them as he saw fit.

As further preliminary to our reply it may not be uninteresting to observe that our attention was called to alcohol as a remedy for diphtheria by a statement of Von Grauvogl ("Text-Book of Homœopathy") that alcohol was one of three chemicals that possessed the power of dissolving fungus. Having had, at that time (1873) an unhappy experience with two cases of malignant diphtheria, under the homœopathic treatment, the simple statement of V. Grauvogl in regard to the destructive powers of alcohol upon low forms of organisms immediately raised this query in our mind: Why would not alcohol be beneficial in diphtheria? We soon had an opportunity to put the suggestion on trial, with results which more than justified our expectations. This was in the autumn of 1873, since which time we have treated all our cases alcoholicly with most gratifying results, the malignancy of the disease yielding at once to the correcting power of the drug, thus assuring recovery. The use of alcohol has banished from our mind the anxiety which we formerly experienced when called to diphtheritic cases.

In our first experience in this direction we used alcohol in the form of Jamaica rum—one teaspoonful undiluted given every two hours in mild cases—every hour in the more malignant or severer cases. Later, we used undiluted whiskey in the same manner with the same beneficial result. Latterly, we have been using pure alcohol (95 per cent.) diluted in equal parts of water, giving one teaspoonful of the mixture every hour or two, according to the severity of the attack, and duration of the disease previous to the treatment. The pure alcohol is preferable to whiskey or rum for the reason that one cannot always be certain as to the *quality* of either of the last-named articles. Alcohol in such small doses being a food as well as a medicine—never a stimulant or an excitant of the pulse, but always a sedative, becalming the pulse—there need be no hurry as to the administration of other nutriments. Indeed, it is idle to force other nourishment on these cases. And as the poison is gradually and effectively neutralized or destroyed in the blood as well as in the throat by the remedy, one has nothing to fear from sudden collapse, or blood stasis, which so often occurs under other forms of treatment.

It is interesting to note that alcohol diluted as above stated, though about the strength of ordinary whiskey, at first causes no burning of the diphtheritic fauces or the mouth. In severe cases of diphtheria it causes no more irritation of the throat than water—until the fungoid exudation is dissolved away. When this effect has been produced, usually after the lapse of from twenty-four to forty-eight hours, the alcoholic mixture may be reduced by the addition of another part of water, and sufficient glycerine added to render it palatable, especially in cases of children.

Other methods of using alcohol in this grave disease may sometimes become necessary, for not infrequently the disease has advanced to a condition of positive blood-poisoning ere the physician is called. In such cases we resort to the alcoholic bath. Where collapse is imminent we wrap the patient in woolen cloths wrung out of hot alcohol and water (equal parts), changing or renewing them frequently. If swallowing is impeded or impossible, we give hypodermics of either pure alcohol or brandy, as may seem most expedient, in thirty m. doses, repeated every hour or two. If any one doubt the beneficent influence of alcohol in these cases of blood disease a little experience with it will suffice to assure him. *

—Dr. Theéry recommends in gonorrhea an injection of about a teaspoon of iodoform in oil after urinating.

THE LARGER DUTY.

The physician owes absolute consecration of himself to the profession. He may be never so great a genius as a medical man, and be able to put old ideas to new uses, or even to beget new ideas and make new and original applications of them; yet, nevertheless, he can never repay the profession for what the profession has done and is doing for him. But he owes an equal consecration to the other side of the profession—the sick. He may be a husband, and a father, a brother, or a friend; he may be an editor, a writer, a man of science, a club man, or a politician with their attendant duties and responsibilities; but all these will be put away and become as if they were not, at the call of that larger duty which he owes to the sick and suffering.

It is incumbent on the physician not only to devote himself—all that there is in him and of him—to the service of humanity, and to rejoice and be content with the reward which such devotion brings, be it sleepless nights, irregular meals, exposure to chill and heat, detraction, misrepresentation and disappointment on the one hand, and honor, appreciation and profit on the other,—but to use a part of his surplus in the same service—the service of God, which is the science of humanity. To this end, he reads and writes; scans the medical journals and contributes to their pages the fruits of his experience and observation; to this end, also, he interests himself in works of public charity and benevolence. Is he of the Old School and a believer in the efficacy of the lancet and bolus? He is so because he thinks, or has been taught to believe that he may serve the sick the better by such heroic means. Is he a homœopath and a believer in the remedial virtues of attenuated minims and granulets? He ought to be so, if at all, because he has a reasonable faith in their power over malady, as well as in their superiority over larger and cruder doses. The sick are the object of his solicitude, rather than schools and systems. The typical physician—for it is he of whom we write—may properly deal in theories and hypotheses in his endeavor to solve the mysteries of nature, or as aids to a conception of the true *rationale* of disease and remedy; but he will never allow them to trammel his judgment or to dictate his course at the bedside. In the presence of the sick, the trammels of systems and the hypotheses of schools should be ignored. At such a place, the vital problems are: What is the malady, its cause or causes? and what are the more rational, practical and expeditious means and methods of curing it? *

THE SUPERIOR RACE.

In your last number, Dr. Corson, discussing the future of the colored race, says of the "pure negro": "though spread over a large area it shows a greater uniformity in physique and moral type than is to be found in the other great divisions of mankind. To the ethnologist it marks a type the lowest in the scale of humanity." And after enumerating the points which indicate its "nearer approach in body to the quadrumana or anthropoid apes," he thus proceeds: "I am speaking now, of course, of the race without any admixture of white blood; with it the problem becomes a different one; the intellectual level rises. *It is in the large mixed-element that we find examples of those who have risen above the multitude of their race and have shown qualities which ally them closer to the*

superior race. Writers like Tourgée bring forward examples of colored men who have attained considerable reputation, and have shown, perhaps, fine mental parts, to show the beneficial influences of education and civilization upon the African, and the possibilities of the race, and ignore the influence of the white admixture, and the credit due thereto."

Now I have no idea of entering upon any criticism of Dr. Corson's general argument, in advance of its conclusion. No doubt he has carefully studied his subject and is fully competent to deal with it. I merely wish to ask him how the assertion which I have italicized above can be reconciled with facts which are familiar to every intelligent person. Nothing in the history of the colored race is more certain or more remarkable than that those of its members who have shown in the highest degree "qualities which ally them closer to the superior race," have been—not individuals having a preponderance of Caucasian blood but—"pure negroes," unadulterated examples of that type which Dr. Corson tells us is "the lowest in the scale of humanity." Several instances occur to my mind, but it will suffice to mention only one—the most splendid of them all—that of Toussaint L' Ouverture. Here we behold a negro of the purest breed—the son of an African chief—brought up in slavery, who attained to such an unquestioned eminence, both intellectual and moral, that he has been placed by Auguste Comte in the new calendar of great men, in the work devoted to the patriot liberators of modern times, with Hampden, Cromwell and Sidney, with Washington and Bolivar! "In this slave" (we are told by one of his biographers) "was found the one man fit to command in war or to govern in peace; the one man free from the prejudice of race and the desire of revenge; just and merciful after ages of tyranny, incorruptible and generous after ages of abasement."

Will Dr. Corson be kind enough to tell us how he accounts for such a phenomenon? G. L. FREEMAN.

PROF. HAWKES'S REQUEST.

I hardly know how to describe my feelings on reading Prof. Hawkes's request for cures outside of the homœopathic law in your September number. After reading his note, I wondered whether he did not really mean it as a huge joke. I could not nor can not believe that there could be any body so bigoted or so narrow minded as to believe that there could be no good outside of homœopathy. Still more that a professor in a medical college, who from his position should be, if he is not, a reading as well as a thinking man, should assert that no cures were, or could be, effected unless according to the homœopathic law. For the question amounts to an assertion of such to be a fact.

Having read the letter and your comments thereon I glanced at my library of standard medical works, written by well educated, scientific, truthful physicians and surgeons, and at the bound and unbound volumes of medical journals, homœopathic and non-homœopathic, which contain thoughts and experiences of thousands of practical physicians in this and other countries. I thought of the thousands of cures recorded there in "not according to the homœopathic law of cure" and I wondered if these were all lies, that the so called cures were not cures; that the reported cases were fictitious and unreliable, unless it be those recorded in the homœopathic works.

I was disgusted and threw down your excellent journal in anything but a patient mood. Then my thoughts wandered back nearly a decade to a certain homœopathic medical college in a large western city. I thought of a certain professor who then taught principles and practice, and of some cases treated by said professor. There was among the students a young man who was an enthusiastic homœopath who took notes thoroughly. From these notes I take the following cases that were *not* cured according to the homœopathic law. But they were some other way.

CASE I.—A young man 24 years of age, came to the clinic suffering from ague, had suffered for several weeks severely. The professor said it was a typical case, for natrum mur. and nat. mur. was given in the 30x potency. In one week the patient returned and reported no better—worse if anything. The professor said the remedy was right but was given too low. This time nat. mur. 200x was given. Report two days later no better. Patient told to keep up the medicine one week longer. In brackets under date a month later the notes say "this man did not return but I saw him to-day in Prof. Davis (N. S.) clinic. He reported himself cured but wanted to know if he should get more medicine."

The next was a case of rheumatism in a friend of the student's whom he had urged to attend the clinic. He was "hawked" about for four weeks, having received bry. rhus and other remedies. He stopped taking these and went to a private allopathic physician who gave him medicine which relieved him immediately. The notes referred to could furnish other instances. When this young man started out to battle with the world and the illness thereof, he had great hopes of what he was going to do. He was so thoroughly imbued with the truths of homœopathy, that he expected to astonish the natives by the remarkable cures he was about to accomplish. But somehow the cases did not come out as the books and the professor said they would, when given the indicated remedy. It took him sometime to learn the lesson but the lesson was finally learned that he was not as smart as he thought he was, or that homœopathy did not always do what it was claimed for it. In other words it sometimes failed. He found some cases get well and some did not. He got cases from the allopath, and the allopath got cases from him. In both instances cases got well and cases died.

Now Mr. Editor, will you allow me to ask Prof. Hawkes a question? "as an earnest practitioner of medicine and seeker after medical truth, as one without prejudice in the matter, and entirely open to conviction, I ask—nay, demand—of you who profess to teach medicine by means of your lectures that you publish examples—theoretical and practical—of cures by measures which are homœopathic." That word cure means much or little. If I should be called to see a case suffering from an acute attack of pain from any cause, and I should relieve that pain by giving a hypodermic injection of morphine, neither I nor Prof. Hawkes might acknowledge that it was a cure, but I am of the opinion that if the the patient got up next morning well, he would imagine he was cured. A few nights ago I was called to see a young man suffering from severe cramps in the bowels. I gave him 30 drops of chlor-anodyne, in five minutes he was better, and in fifteen minutes the pain was about gone. He had no further return of the trouble and the foolish fellow thought that I had cured him. Of course it was wrong for me to give him what I did. I ought to have given him colocynth c. m. the pain would have stopped by morning and although he might have been weak from protracted suffering, he would have been

cured (?) in a correct and scientific manner. I will not speak of cases such as local imflammation which are cured by hot applications, nor the cure of certain forms of gastro-intestinal disorders with a brisk cathartic, because in the latter case our questioner would say it was a mechanical obstruction, and mechanical means were tried to remove it. I have cured so many cases of cystitis with triticum repens and pichi—half a dram of fl. ext. of each in infusion to a dose—when I had failed with homœopathic remedies that I give these drugs in every instance now and 90 per cent. of the cases are cured. I might say the same of the salicylates in rheumatism.

But it is no use, for I know the answer would be that these are merely paliatives and not cures. No matter what cases are given as evidence of cure by anything but by the homœopathic law, they will be denied by men who are so narrow that they cannot see any good outside of this so-called law which they have wrapped around themselves. For my part I never go into a sick room and feel that human life is entrusted to my knowledge to bring back to health but what I feel how little I have to rely on. It may be that I am not up in symptomatology and materia medica; but it is certain that the law has failed to prove itself in my hands very very very many times, and, if I mistake not, I have seen it fail with others, too.

Now let me state my sincere belief. It is this—the intelligent physician can often cure diseases by the homœopathic law, by the allopathic law, by accessory means, by local treatment and by mechanical appliances. But to say that we have a universal law of cure is absurd and untrue, for facts do not bear out any such assertions.

G. H. SIMMONS.

LINCOLN, NEB.

OUR PHILADELPHIA LETTER.

The medical season in this citadel of medical instruction opened very auspiciously, and the daily press rejoices in the belief that the Quaker City is still the medical center.

It has been a noticeable fact that the facilities for instruction have been generally increased, so that in many respects the present classes possess superior opportunities. This is worthy of notice, as too frequently the "increased facilities for instruction" appear only in the "Announcements."

The University of Pennsylvania, with its three years graded and fourth year (optional) course, its superior laboratory and other practical courses, and its corps of well-known teachers, including such men as Agnew, Leidy' Goodell, Tyson, H. C. Wood and others, has attracted a large class of students.

Jefferson Medical College, which in some respects reminds one of the medical college of the University of the City of New York, is still the popular institution. Bartholow, Da Costa and Gross, the younger, are names of weight in the medical world and strong magnets in drawing students.

The Woman's Medical College, nicely located on North College Avenue, opposite Girard College, is doing increased work. It is well equipped with college and hospital appointments.

The latest competitor for medical students is the Medico-Chirurgical College. Its prospects have brightened since the withdrawal of Professor Pancoast from Jefferson, and his connection with the new institution. On the first day of the present session eighty-one students had registered.

Last, but by no means least, we have the Hahnemann Medical College. Without detracting from the others, the opening of the session of this college was the event of our medical season. On Oct. 3rd the introductory lecture was delivered by Prof. C. M. Thomas, before a crowded audience in the large amphitheatre of the new hospital building. His subject "The Relation of Hospitals to Medical Education" was apropos to the occasion as the new hospital building was then occupied for the first time. This building is ultimately intended for dispensary purposes, as two larger structures are to be erected for the hospital proper.

The new college building is the best located and the finest in its appointments of all our colleges—competent critics have pronounced it second to none in this country.

A sad feature marred the otherwise joyous exercises of the opening night. Prof. O. B. Gause, on account of continued ill-health was compelled to sever his connection with the Faculty and seek a more genial climate in the South. His resignation after twenty-five years of active service, was feelingly referred to by Prof. A. R. Thomas and others. He is succeeded by Prof. J. Nicholas Mitchell who is well known as an accomplished obstetrician and able lecturer.

The Woman's Homœopathic Association aided by appropriations from the State has just completed and formally opened a fine hospital building on North Twentieth Street. This is the same institution that some time since achieved such wide-spread notoriety through the resignation of most of the visiting staff because the managers dictated the course of treatment. The hospital appears to be managed in the interests of a small faction in the New School, which limits its adherents to the minimum dose of the potentized remedy. The advanced hygienic features of the hospital will commend it to many who will regard the medical treatment as little less than expectancy.

In closing these notes I would express the regret of many at the retirement of Prof. R. J. Levis from the staff of the old Pennsylvania Hospital. To those students who with the writer attended his surgical clinics, his personality, his methods and his success will always be associated with the pleasant recollections of the old days. C.

WANTED: A NEW MEDICAL SOCIETY.

From an "Old School" Point of View.

To the Editors of THE NEW YORK MEDICAL TIMES:

From the standpoint of an Old School physician, I desire to express a few thoughts and to suggest what—to some of my friends—may seem to be a startling proposition.

Although we disclaim all connection with sectarianism in medicine, yet the fact remains that practically there are two great branches or schools of medicine in this country; the "Regular" and the "Homœopathic," or the "Old" and "New" Schools.

It is this division that I deplore, and I ask all broad-minded physicians if in the close of this century—so noted in other fields of thought for the tendency to break down all artificial barriers that were erected in the past through ignorance and prejudice—there should be no effort made to fill up the breach in medicine?

In considering this question, it is my purpose to dismiss my own prejudices and take as broad-minded a view as would alone satisfy me if discussing a non-medical theme.

It is true that our school being bound by no creed can

appropriate and utilize any therapeutic measure that has been approved by experience without endorsing the theories that may be held by some to account for its action.

In therapeutics this has been done to a marked extent by Ringer, Bartholow and Lauder Brunton, but the fact that many indications in their works for the use of drugs originated with observers among the homœopaths in no sense whatever requires the recognition of homœopathy as a system of medicine.

As I am not interested in the musty records of the past, I examine homœopathy as it is to-day. I find colleges which in general efficiency—as judged by their published curriculums—bear an equal comparison with our own. In therapeutics while they give great prominence to Hahnemann's theory "similia similibus curantur," their teachings are not confined to this as an exclusive dogma. In practice I find that many of their practitioners think as we do, and frequently prescribe the same remedies in the same manner as we do.

In view of these facts shall we remain content with accusing them of trading on a sectarian name but not confining themselves to their dogma, while they reply that we prescribe homœopathically but will not admit of it.

Among the homœopaths we recognize liberal-minded men who never traffic on a sectarian name, whom we meet in social life, and who are respected and honored by the laity for their attainments as physicians. These are men whom our "codes" call irregular.

For my part I desire to meet with these men without the restrictions of code or anything else and to recognize them professionally as brothers. I believe that the present time is ripe for such a movement.

I therefore make the following proposition: That the editors of THE NEW YORK MEDICAL TIMES—whose broad course in advocating all that is true in medicine irrespective of school or creed has done much in creating and fostering a liberal sentiment among the profession—issue a call for a new medical society to be composed of all physicians who, independent of schools or creeds, desire to work together for the advancement of medical science and art.

Let us have a society that cannot be called allopathic or homœopathic, Old School or New School, but which shall be broad and catholic and consequently endure when homœopath and allopath shall be terms forgotten in the onward progress of united medicine. PROGRESS.

The question which our esteemed correspondent raises is quite *apropos* to the present, and we shall be glad to see it discussed, and to take such action in the matter ourselves as circumstances may seem to warrant. We shall be glad to hear from others on the subject, and if a sufficient number respond to the suggestion, to make it practicable, we shall be pleased to perform our part in the undertaking.

Of course the attempt can be made only if a considerable number from both so called schools subscribe to the proposition and promise their individual support. We shall hope to hear from a goodly number, regardless of school, and the subject shall have our further consideration. EDS.

"MERCURIUS PROVINGS DIFFERENT BUT LITTLE FROM THOSE OF SAC. LAC!"

Messrs. Editors:

The leading object of the American Institute of Homeopathy was declared by its founders in the first article of its constitution to be "the improvement of homeopathic therapeutics." As means for the attainment of this object, it must be admitted that carefully conducted *provings* of medicinal substances occupy the foremost place. The institute, if true to its title and professed aim, must, as a matter of course, be constantly and diligently engaged in this branch of investigation, to which it is indebted, not only for its distinctive character, but for its very existence.

Thus reflecting, I turned to the voluminous report of the institute's proceedings in the August number of the *Hahnemannian*, in search of something on the subject of drug action which should be a positive addition to our resources for the treatment of disease.

What I found was the following: The committee on drug provings reported that a number of provings had been made, and that the committee would continue them. Then, in connection with the report of the committee on pharmacy, "Dr. J. P. Sutherland, of Boston, presented, for Dr. Conrad Wesselhoeft, a table, illustrating the comparative value of different preparations of mercurius solubilis, as shown in provings by the students of the Boston University. There were ten proverbs, five males and five females. The medicine was distributed in four boxes, numbered 1, 2, 3, and 4, respectively. One box contained sac. lac., the others different preparations of *mercurius solubilis*. The provings of sac. lac. were pretty profuse, and consisted of catarrhal sore-throat, diarrhea, boil on the chin, etc. One prover taking the mercurius had no symptoms at all. Two of the provers were made so ill that they took medicine to antidote the symptoms. The report showed that the symptoms of the mercurius provings differed but little from those of sac. lac."

What, I would respectfully inquire, are we to understand by this last sentence? The whole paragraph reads like a burlesque—it is just such a report as might be made by a committee of Old School bigots who had been pretending to test the value of homeopathic provings. As emanating from our great and venerable institute, and exhibiting all that the association has accomplished during a whole year in that department of study which lies at the very foundation of homeopathy, I ask you if it is not absolutely astounding!

I have hitherto regarded the I. H. A. as furnishing an amusing side show at the parental gatherings, but upon my word, Messrs. Editors, I begin to believe that Dr. Lippe's recent boast before its members was nothing but the truth: "The American Institute is not homeopathic; we have the only hahnemannian institution." G. L. F.

THE NEED OF INDIVIDUALIZATION IN THE TREATMENT OF THE INSANE.

The most important factor in the treatment of the insane, is, undoubtedly the *focusing*, so to speak, of the physician's own personality upon the patient—*i. e.*, by the operation of his own mental equipoise—the calm, dispassionate, sympathetic sane mind—brought to bear directly and persistently upon the distracted and excitable insane mind. We can hardly realize the tremendous power for good which rests in such an influence. Even passively exerted, it is to the storm-tossed, rudderless insane mind, like "the shadow of a great rock in a weary land"—like "still pastures beside rivers of water"—like the "Rock of Ages" itself—something to cling to, to steady oneself by, even if it be for only a moment of rest. Admitting, then, that the physician has such a mental and moral make-up as shall secure to his patients this steadying, restful influence, his

scientific attainments, his "'pathy" and his medicines become almost of secondary importance as therapeutic means. If we can be assured that his whole heart and mind are united in one absorbing idea "the care, the comfort and the cure of the mind diseased," we may be certain that the highest interests of his patients are safe in his hands. Still, he is but one man. Work as he may, his personality can be brought in contact with but a few only. He must needs multiply himself, as it were; he has to employ others to carry out his ideas, his inspirations; through these others his influence *should* spread as minor streams spread abroad from the parent river, bearing health, life and blessing wherever they flow. It was said of the great Conoly, that everything and everybody, throughout the vast asylum at Colney-Hatch (which from being one of the worst, he had made the then model asylum of Great Britain) was filled with his spirit of interest, love and kindness for the insane; and the same has been said of others who have followed in his footsteps.

But, so long as human nature remains just what it is—the real must inevitably come short of the ideal; simply from the fact that it is difficult to find, among the human instrumentalities which must be employed, those (or a sufficiency of those) who, by education, training or innate moral qualities, are qualified to carry out the inspirations and ideas of the Master-mind. A brighter future, however, seems to be dawning upon our insane asylums in this respect; owing (1) to gradually widening knowledge among the people as to the nature of insanity; (2) a corresponding intelligent public interest in the treatment of the insane; and, as a consequence, (3) a more united public demand for a more careful selection of those who attend on the insane; (4) to the establishment in several of our asylums of training-schools for the proper education of attendants on the insane.

Next to the fullest expression of his own personality, the physician in charge of insane patients, has most need of *individualization* of his cases. By this, we mean that close examination and study of a case, which covers not only every detail of the patient's physical symptoms, but which grasps and fully considers all that can be ascertained concerning his moral nature, his mental composition; the influences of his heredity and of his life-history and environments; and which, in short, seeks to get at his personality—his Ego—the one or more elements of his make-up, which differentiate him from every other human being; and which, when it is found, the physician is to "make a note of."

There are many indications, of late, that the art and science, so to speak, of the treatment of the insane is passing into a new phase of its progress; viz., *the fuller recognition of individualization as a curative factor in dealing with insanity.*

It has been well said that "institutions for the insane were at first only founded for public relief, and without the idea of benefit to the insane." The accounts of the earliest insane asylums, and of their management, which have been handed down to us, leave no doubt that humanity had nothing to do with their erection; but that they were founded, as were prisons, simply to protect society against the danger and annoyance to the community consequent upon the unrestricted presence in its midst, of the insane.

It is not strange that, in those earlier times, the utilitarian should have prevailed over the humanitarian; when we reflect that society was then largely dominated by the old ecclesiastical idea of insanity, viz., that it was a judgment of God, a demoniacal possession of the soul, a *prima facie* evidence of spiritual guilt; that society was then firmly imbued with the belief (not altogether extinct in this day) that the insane were in every respect different from the sane, and that consequently insanity was a wholly incurable condition. Hence it very naturally came about that in such public provision as was then made for this class there was practically no distinction made between it and the criminal class. Virtually they were both criminals, despised of God, outcasts from mankind. But this phase of asylum history has happily passed away, and is replaced by one upon which is shed the blessed light of Christian philanthropy.

Of the successive steps by which this result has been attained we need now speak; we can only reiterate our belief that *individualization* in the treatment of insanity is beginning to be recognized by our best alienists as the *psychic keynote* to the highest curative results attainable in this department of science.

When every insane patient is examined and studied and and treated mentally, morally and physically, as if he or she were the only case of the kind ever seen in this world—then we shall begin to have results which will astonish us; as similar management of cases of purely physical disease in the wards of our general and special hospitals are every day astonishing us.

It may indeed be accepted as a fact that the physician who individualizes his cases the most is—all other things being equal—the best practitioner. In mental diseases there is just as much need of individualization as in other forms. It will suffice, from a certain point of view, to classify and arrange cases with scientific accuracy, under the routine heads of Mania, Melancholia, Delusional Insanity, &c. It is this classification of the generalization system of treating insanity that hinders thousands of cases from being cured. It leaves cures very much to accident. It acts on the assumption that every case of a certain named form of insanity is precisely like every other of the same class.

And that, as we ought to know, is as absurd as to argue that every living man, woman or child is exactly like every other man, woman or child, because they all possess forms, limbs, features and certain attributes and senses in common.

We cannot, however, escape the fact that, behind every case of disease, mental or physical, stands the *Ego*—the personal individual-nature of the being who has the disease. If it be a case of rheumatism, it is rheumatism *plus* the patient's individuality; if it be melancholia, it is still *plus* the patient's individuality. Thus, if in dealing with mental disease we will try to individualize each patient—to get at his own individual make-up, *minus* the insanity, you will have got a good way down to the "core" of the case.

It is the impossibility of properly individualizing cases—and of bringing to bear upon patients the personal influence of the physician, or the proper influences of the right kind of attendants—which prevents the proper curative results from being obtained in our largely over-crowded asylums. The remedy for this state of things, is to be found in establishing a larger number of small asylums, and of some system by which the insane shall become disseminated, so as to bring them in smaller groups under competent medical care. But this is so complicated with economic, social and other questions as to present a

severe puzzle to the alienist, social economist and philanthropist. Still—the good day will come—we already see the first faint beams of its dawn. Slow its coming may be—but none the less certain.

HENRY R. STILES, M. D.
HILL VIEW (Lake George), Warren Co., N. Y.

The Peitsch Sewergas Trap.—Mr. Herman Peitsch of Brooklyn, N. Y., is the inventor of a self ventilating sewergas trap, which appears to be superior to anything of its kind which has yet been introduced. The apparatus is made of glass, so as to afford instant inspection and is so arranged as to admit of easy cleaning without the aid of a plumber. The device has been now in use for several years, has received the endorsement of the Health Boards of New York and Brooklyn, as well as that of many well-known sanitarians, of whom we may mention Dr. Bell, editor of the *Sanitarian*; Drs. W. H. Draper, W. G. Wylie, W. H. Thomson, W. T. Helmuth, the proprietors of the Sturtevant House, who have some three hundred of these traps in use, and others.

Of the cuts, Fig 1 represents an exterior view and Fig 2 a vertical section of the trap.

The operation of the device is substantially as follows:

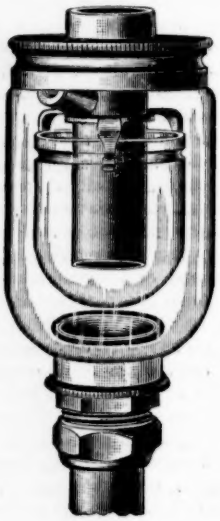

Fig. 1.

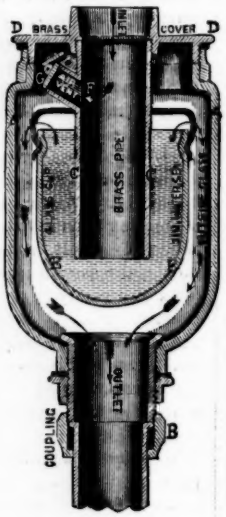

Fig. 2.

The waste water enters the trap through the inlet pipe, discharging itself into the inner cup, overflowing from this into the angular space between the outer and inner vessels, and thence passing off through the outlet pipe to the house drain. The course of the waste water is indicated by arrows in the sectional cut, Fig 2. The shape of the apparatus is such that siphonage will be rendered difficult, but to guard against the possibility of such an accident, the valve in the inlet pipe, before refered to, is provided. So soon as any notable difference of pressure is manifest from the sudden injection of water into another trap on the same line, the hinged cover opens and air enters, producing an immediate equilibrium of pressure.

Fig. 3. represents a form of the aparatus made of m tal, and intended more particularly for use in connection with bath and wash tubs. The body of this variety of the trap is of tinned, malleable iron, and the arm on top is of brass, working on a swivel, with a lock-nut under the cover, whereby the trap can be placed at any desired angle.

The inventor presents a large array of claims to excellence for this device, from which we cull the more important: The closeness of the trap to the utensil; the readiness with which it may be removed from the utensil by uncoupling; its cleanliness, derived from its scouring qualities; the small amount of water needed for cleansing; the impossibility of any sewer pressure to force any gas through the water.

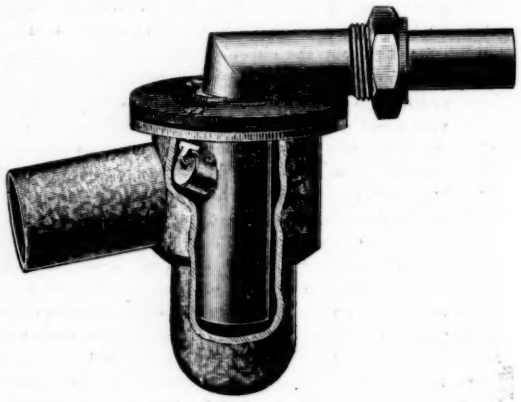

Fig. 3.

The judges of the American Institute Exhibition awarded it the Medal of superiority in the class to which it belongs, for the years 1833, 1834, 1835 and 1886. There is at present in the Institute Exhibition a trap connected with the illuminating gas main, a test of which has proven perfectly satisfactory and which leaves no doubt as to its superiority.

The Stenocarpine Sensation—An Attempt to Impose Upon the Medical Profession.—Our readers are doubtless familiar with the reports of Drs. J. H. Claiborne, Hermann Knapp and Edward Jackson, concerning the so-called new local anæsthetic, gleditschine or stenocarpine, which were published in the New York *Medical Record*, July 30th, August 13th and October 1st, and Philadelphia *Medical News*, September 3d, in which gleditschine was claimed to possess remarkable anæsthetic and mydriatic properties.

It will, therefore, be of interest to them to learn that Messrs. Parke, Davis & Co. announce that an investigation at their laboratory, of a solution purporting to be a 2 per cent. solution of gleditschine, or stenocarpine, which was supplied by Messrs. Lehn & Fink, of New York, has developed the fact that this solution, with which the experiments thus far recorded have been made, contains 6 per cent. of cocaine and sulphate of a salt which further experiment is likely to prove to be atropia.

F. A. Thompson, Ph. C., also reports, after careful experiment with the leaves of Gleditschia triacanthos. from which gleditschine or stenocarpine is claimed to have been derived, that they contain only an infinitesimal percentage of an amorphous alkaloid devoid of anæsthetic or mydriatic properties.

In the light of these facts it seems probable that the stenocarpine sensation should be classed with the Hopein fraud of malodorous memory, and that the physicians who have already published reports regarding gleditschine or stenocarpine have been the victims of a clever hoax.

MISCELLANY.

—Dr. Strong, chief of staff, W. I. Hospital, reports 639 patients treated in September. Mortality 4.23 per cent.; 2,916 patients have been under treatment since January 1st, with a death rate of 6.76 per. cent.

—The American Public Health Association will hold its sixteenth annual meeting at Memphis, Tenn., November 8-11, 1887.

—Dr. Henry R. Stiles late Medical Superintendent of the Middletown Insane Asylum, has established a private re treat for patients suffering with mental and nervous affections, and his well-known standing in the profession is sufficient guarantee of what the institution will be. The location, Hill View (Lake George), Warren Co., N. Y., is all that could possibly be desired.

—It is stated on the authority of Dr. Macalister, Professor of Anatomy at the University of Cambridge, that, if the fibres contained in a man's tongue were placed end to end, they would reach eight miles, while, if they were all strung together, they would be capable of lifting three hundred weight.

—Dr. M. Lambett, in his report of the Soochow Hospital, says the Chinese make an anæsthetic by putting a poy in a jar of flour and irritating by prodding. Under this irritation a liquid is exacted which mixing with the flour forms a paste. This paste mixed with water is so strongly anæsthetic when applied to the skin, lips or tongue produces numbness and insensibility to pain.

—Prof. Prirro Ferrari has recently made a very careful pathological study of leprosy, the results of which he publishes in the "*Gazetta degti Ospitali*," from which he thinks that it is a constitutional disease, but neither injectious or contagious; that leprosy, lupas and tuberculosis are all manifestations of scrofula as is manifest by Hanson's bacillus of all these diseases is the same organism which manifests itself whenever suitable conditions are present, as lupas, leprosy or tuberculosis.

—Prof. Virchow paid a tribute to America in his remarks before the Surgical Convention at Berlin, in which he said that the presence of a large American delegation in the Convention was a source of unbounded joy to their German colleagues. The natural philosophers and doctors of Germany and America had for a long period worked shoulder to shoulder, and he hoped the good feeling would continue.

—Lactated food is bearing out our prognostication that it would prove one of our sheet-anchors in the dietary.

—The grounds of the Bloomingdale Insane Asylum have become so valuable for building purposes that the institution will in a short time be removed to a farm near White Plains, which it purchased a few years ago for $150,000. The farm contains 300 acres, is beautifully located and its cultivation will be a great help in the treatment of the insane.

—A new hospital for incurables has been erected in 143rd street, containing 250 beds.

—Prof. Karl Braun, who has been for the last twenty-nine years chief of the gynecological clinic of the Vienna General Hospital, shows by statistics that 108,889 confinements have taken place there during that time. Of this number 1,945 cases resulted fatally, an average of 17 per thousand. During the first six years the average mortality was 28 per thousand. Sanitary improvements in the clinic reduced the proportion to 16 per thousand, and with the introduction of antiseptic measures the mortality sank to 7, and in the year 1883 even to 2 per thousand.

—It is said that the Russian physician receives for ordinary visits from seven and one-half to fifteen cents! In China, where there is a like condition of niggardly fees, the physicians have an ingenious way of protecting themselves, but the Russian physician is an unprotected slave, according to the account from which we are quoting. The law compels him to answer every summons under penalty of a fine varying from one dollar to twenty, and if he neglects a grave case he is put into jail for three months. Of course it is plain that a Russian physician might wear himself out in making visits at seven and a half cents each, and at the close of a day, being prostrated and utterly unable to answer a final call, find his entire profits swept away and himself deeply in debt by reason of a single fine. It would be better for him to neglect a grave case and go to jail, where he would at least have rest. Still better would it be for him to adopt the device of his professional brother of China, and administer such nauseous medicines that people would perish rather than call him in. The smaller the practice, the luckier the doctor, when fees are no bigger than car fares.

—The prevention and cure of disease had from an early age posse-sed a peculiar fascination for Prince Charles Theodore, Duke of Bavaria. He regularly studied and worked in a hospital and is now acknowledged as an adept in scientific and practical medicine and surgery. It is to the relief of sufferers from blindness that Duke Charles has been led to offer his time, money and skill. At Tegerusee near Munich, he has a hospital where many interesting cures have been effected and much pain and suffering relieved, also at Meran where he spends some months each year, his services are gratuitously offered for the relief of any such sufferer who may apply to him for treatment.

—The Secretary of the Florida Health Association says the fever prevailing at Tampa is not yellow fever, but *dengue*, and that out of a population of 5,000 there have been only three deaths in three weeks.

—Dr. Chas. C. Boyle has removed his office to 36 West Twenty-first street.

—The *Canadian Practitioner* recommends as an efficient and pleasant treatment for *scabies* an ointment composed of naptholi, 15 parts; saponis viridi, 50 parts; adipis, 100 parts, and pulv cretæ, alba, 10 parts. The ointment is colorless, and after the application has been made the patient should lie quietly in bed for a few hours between woolen blankets.

—A writer in the *Medical Standard* recommends for children and adults who are troubled with incontinance of urine a mixture of blackberry and elderberry wine. The dose in children was from a teaspoon to a tablespoon, and in adults from three to four ounces.

—Robert Lewis Stevenson, in the dedication of his volume of poems, "Underwoods," to "a few of the many doctors who have brought me comfort and help," says: "There are men and all classes of men that stand above the common herd; the soldier, the sailor and the shepherd not unfrequently; the artist rarely; less rarely still the clergyman, but the physician almost as a rule."

—Compulsory vaccination was abolished in Zurich, Switzerland, in 1883. In 1882 there were no deaths from small-pox; in 1883, in 1000 deaths 2 were from small-pox; in 1884 there were three in 1000; in 1885 there were 17 in 1000, and in the first quarter of 1886 there were 85 in 1000.

—Dr. P. J. Murphy (*Journal Am. Med. Asso.*) reports thirteen cases of incipient mammary inflammation which were aborted by the external application of spirits of turpentine.

—The medical profession will doubtless be somewhat astonished to learn that a recent estimate demonstrates that about one-fourth of the inhabitants of Boston, New York and London receive free medical treatment; in Philadelphia one-fifth, and in Liverpool the number exceeds one-half.

—Urethral hemorrhage arising from a urethrotomy was arrested by Prof. Gross by passing a hot bougie.

—Germs in ice were found by Leidy, but only in pieces full of air-bubbles. In clear ice no organisms were detected. In selecting ice avoid spongy pieces, which probably were taken from a stagnant pond.

—From experiments recently made by Dr. Fischer, a surgeon in the German navy, it would appear that the maximum distance to which, under ordinary circumstances, micro-organisms can be transported across the sea lies between seventy and one hundred and twenty sea miles, and that beyound this distance they are almost invariably absent. A point of peculiar interest in connection with Dr. Fischer's experiments is that they show in a very striking manner that the microbes, which are always abundantly present in ordinary sea-water are not communicated to the air excepting in the closest proximity to the surface, even when the ocean is much disturbed.

—Dr. Pierd Houy, oculist at Milan, considers that scopoleine has properties similar to those of atropine, but is preferable, because it produces neither redness nor irritation.

—A little girl in Burlington, Vermont, had inherited so good a memory of an uncle whose funeral had been attended by her mother, not long before the little girl's birth, that she could give a full description of him, and knew his picture at once the first time she saw it.

—M. Casanow (Russia) states that tannate of mercury renders syphilis innocuous within one year; that in that time a syphilitic person may marry with impunity, provided that he continues the use of iodide of sodium for the next year, and provided that no syphilides periosties, or ulcerations remain. Relapse, also, is very uncommon, he says, under this treatment.

—Prof. Calvert says that an iron blade, immersed in a solution of carbonate of potash or soda, and then exposed to a damp atmosphere for two or three years, did not rust.

—When no reasons can be found to exist by which impregnation is prevented in cases of sterility, it may be advisable to order the patient to abstain from copulation, except for two days following the menstrual flow.

—A plant has been discovered in India which is said to destroy the power of tasting sugar. It will be useful in counteracting a morbid appetite for sweatmeats, which is an active promoter of indigestion. Another plant found in Madras destroys the relish for cigars and tobacco.

—Dr. Gross has given in his book some amusing incidents of his experience abroad. At a prominent dinner party he mentioned to an English lady, in the course of conversation, that in the garden of his son-in-law near Baltimore there were growing side by side twenty-six culinary vegetables. She threw down her fork, raised her eyes like a duck in a thunder storm, and said "that is not true."

—Dr. Piffard, the celebrated dermatologist of this city, has devised a method of taking instantaneous photographs at night by the flash of a pistol charged with gun cotton and powdered magnesium.

—Dr. Gross says to examine a woman's breast properly place her on the back and press the fingers back through the breast to the chest walls. Examined in any other position, and especially by pinching the structures up through the fingers, tumors are often diagnosed which do not exist,

—Professor Fritsch has exterpated the carcenomatious uterus 60 times with ten per cent. of deaths; 20 patients had gone from six months to seven years without recurrence.

—Dr. Stratz says that the projected technique of cancer of the uterus has rendered a cure possible when it is seen in its earliest stage and gives four important signs in reaching a correct diagnosis. 1. The diseased surface is everywhere sharply seperated from the sound tissue; it nowhere gradually changes from one to the other. 2. A difference in level between the diseased part and the healthy can always be recognized. 3. The cancerous portion has always a yellow tint. 4. The malignant spots show small. yellowish, white, glistening raised pouts, at least in certain places.

—The Sanitas preparations are rapidly growing in favor as germ destroyers and as antiseptics. We have had occasion to use the soft soap for sores upon horses during the past summer, and also the Sanitas veterinary ointment, with marvelous results. The Sanitas preparations contain an abundance of the peroxide of hydrogen, which retains its virtues in this connection better than in its pure state, when it rapidly changes and deteriorates unless kept at a temperature below 60°.

—Dr. Kartulis, of Alexandria, Egypt, claims that the giant amœbæ are the specific cause of dysentery.

—It is said that British plants have undergone no changes during the past 300 years. This has been determined by comparing existing plants with the dried specimens in the Sir Han's Sloane Herbarium.

—Prof. W. D. Miller is the first and only American who has been raised by the German government to the honorable position of professor in the royal university of Berlin. He has discovered, described and named several micro-organisms, perhaps the most important of which are those which cause dental caries and the miller bacillus, the latter a commar bacillus, found in the human mouth

—Charles Reade named a favorite dog *Tonic*, because he said he was a mixture of bark, steal and whine.

—Dr. Morell MacKenzie has received the honor of knighthood. His fee for the treatment of the Crown Prince of Germany was $12,500. The cure is apparently complete and permanent. Dr. Miles, the clinical assistant, telefiraphs to the *Medical Record* that the present scare is without foundation, and that he has been steadily improving since his arrival in Italy.